



Alfalah Investments

**Account Opening
Form A-2
(For Institutional Investors)**



Alfalsh Investments

ACCOUNT OPENING FORM A-2 (FOR INSTITUTIONAL INVESTORS)

1. Principal Applicant Holder Details: (Mandatory)

Entity Name (Messers) _____

NTN / Registration Number

Industry Catalogue Commercial Bank Insurance Company Pension / Provident Fund NBFC DFI
 Manufacturing NGO Trust Other (Please specify) _____

Registered Address _____

Correspondence Address _____

Office Phone _____ Fax Number _____ Company Website _____

Primary Contact Person Name _____ Designation _____

Phone _____ Mobile _____ Email _____

Alternate Contact Person Name _____ Designation _____

Phone _____ Mobile _____ Email _____

Correspondence to be sent to As Above If different (Please specify) _____

2. Authorised Signatories Name and Signature

1. Name		Signature
CNIC No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
2. Name		Signature
CNIC No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3. Name		Signature
CNIC No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4. Name		Signature
CNIC No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
5. Name		Signature
CNIC No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
6. Name		Signature
CNIC No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

3. Bank Account Details

Bank Account Number _____ Bank Account Title _____

Bank Name _____ Branch _____

Bank Address _____

4. Account Operating Instructions

Tick (one) as appropriate: Principal Applicant Joint Holders (Any Two) All Authorized Signatories

Other (please specify) _____

5. Dividend Payout Instructions

Please tick one Reinvested back in the Fund(s) / Plan(s).
 Distribution paid

Note: If no option is selected, any dividends declared will be reinvested back in the Fund(s).

6. Know your Customer (KYC) (Mandatory)

The know you Customer (KYC) section is meant to enable an investor to comply with the client identification program laid down by the Anti Money Laundering Laws Circular 12 of 2009 issued by Securities & Exchange Commission of Pakistan (SECP)

Type of ownership Partnership Trust Private Company Public Company Club Society / Association
 Executors / Administrators Nature of Business _____
Source of Funds Business Income Other (Please specify) _____
Parent Company Name (If applicable) _____ Geographical area of activity _____
Ultimate Beneficiary _____

7. Foreign Account Compliance Act (FATCA) Checklist

Section A (US Entities): For Entities Incorporated in the US or under the Laws of US or Branch thereof;

Please provide Form W-9 for the Entity, complete the following details and proceed directly to declaration & Signature(s).

Entity's FATCA Classification for Reporting Purpose; Specified US Person Not a specified US Person¹

US Tax Identification No. (TIN): _____

Section B (Non US Entities): Exempt Entities (Exempt Beneficial Owners)

• If entity falls into any of the following categories, No FATCA documentation required, please indicate as applicable & proceed to declaration & Signature(s).

Federal, Provincial, Local or Municipal Govt. Entity Wholly Owned or Controlled by Govt. Govt. Department, Judicial Entity or Armed Forces
 Foreign Mission, Embassy, Consulate or Commission Central Bank

• If the entity falls into any of the following categories, please indicate as applicable, provide W-8BEN-E form & proceed to declaration & Signature(s).

International Organisation³ Charitable Trust, club, Association or Society Non-Governmental or Non-profit organisation

Registration No. _____

Section C (Non US Entities): For Non-Financial Entities (NFFE)

1. Is the Entity a Listed Public Limited Company or a subsidiary of such a company? Yes No

• If Yes: Proceed directly to Question 4 below; • If No: Proceed to Next Question.

2. Did the entity earn more than 50% of its gross income for the preceding tax year from other than core activities Yes No

• If Yes: Proceed to Next Question; • If No: Proceed directly to Question 4 below.

3. Does any Specified US person (individual or entity) hold more than 10% direct or indirect shareholding in the entity?

• If Yes: Complete Table below, provide W-9 for each Substantial US Owner & W-8BEN-E for the entity & proceed to declaration & Signature(s).
• If No: Proceed to Next Question.

Name of Substantial US Owner	Complete Address	US Tax Identification # (TIN)	Proceed Holding

4. Does the entity have a Registered, Head office or Mailing Address which is in the US or a US telephone number? Yes No

• If Yes: Provide (i) A Constitution Document showing the non-US country of incorporation or registered address AND (iii) Form W8BEN-E & proceed to declaration & Signature(s).
• If No: Proceed to Next Question.

5. Has the entity assigned power of attorney or signatory authority to a person with US address? Yes No

6. Is the entity aware of any other information which may indicate to the entity's US status? Yes No

• If Yes: Provide: A Constitution Document showing the non-US country of incorporation or registered address OR alternatively provide a Form W-8BEN-E & proceed
• If No: No FATCA documentation required, please proceed to declaration & Signature(s).

Section D (Non US Entities): Financial Institutions (FFI)

1. Is the entity a Participating Foreign (Non-US) Financial Institution (PFFI)? Yes No

• If Yes: Provide from W-8BEN-E, mention GIIN below & proceed to declaration & Signature(s). • If No: Please proceed to Next Question

Global Intermediary Identification Number (GIIN) for PFFI: _____

2. Beign a Non-Participating FFI (including Limited Branch of FFI), does the entity consent for Alfalah GHP to report its relevant information to relevant Yes No

3. Please indicate if the entity claims any other FATCA status;

Owner Documented FFI Certified Deemed Compliant FFI Sponsored / Sponsoring FFI Other (please specify): _____

• For ODFFI: Provide (i) W-8BEN-E for entity (ii) Owner Reporting Statement (iii) W-9 or W-8BEN for persons identified in Reporting statement & proceed to declaration & Signature(s).
• For others: Provide Form W-8BEN-E indicating the claimed status and proceed to declaration & Signature(s).

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UNIT HOLDER MUST OBTAIN PROVISIONAL RECEIPT BEFORE LEAVING.