

Details of Second Authorized Signatories Trustees / Directors:

Name (as per ID) Mr. Ms. Mrs Father's / Husband's Name:

ID Type: ID No.: - - Expiry Date: DD MM YY
(CNIC, Passport, NICOP, etc)

Date of Birth: DD MM YY City of Birth: Country of Birth:

Nationality: Country of Residence: Designation:

Signatory Address:

City: Country: Telephone (with country & area code)

Mobile: Email:

Details of Third Authorized Signatories Trustees / Directors:

Name (as per ID) Mr. Ms. Mrs Father's / Husband's Name:

ID Type: ID No.: - - Expiry Date: DD MM YY
(CNIC, Passport, NICOP, etc)

Date of Birth: DD MM YY City of Birth: Country of Birth:

Nationality: Country of Residence: Designation:

Signatory Address:

City: Country: Telephone (with country & area code)

Mobile: Email:

Details of Fourth Authorized Signatories Trustees / Directors:

Name (as per ID) Mr. Ms. Mrs Father's / Husband's Name:

ID Type: ID No.: - - Expiry Date: DD MM YY
(CNIC, Passport, NICOP, etc)

Date of Birth: DD MM YY City of Birth: Country of Birth:

Nationality: Country of Residence: Designation:

Signatory Address:

City: Country: Telephone (with country & area code)

Mobile: Email:

FATCA Declaration: (Foreign Financial Institutions Only)

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

If YES, please provide Global Intermediary Identification Number (GIIN):

2) If No please state your FATCA status

ALL ENTITIES

1) Does any specified US Person (Individual or Entity) holds more than 10% direct or indirect shareholding in the entity?

Yes No - IF YES, please complete the table below, provide W-9 for each substantial US owner & W-8BEN-E for entity.

Name of US Owner	Complete Address	US TIN	Percentage Holding
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The Application Form is treated valid subject to acceptance of terms and conditions of investment laid down in the Investment Form which will be part and parcel of the Application Form.

Name	Designation	Signature (With Stamp)
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First Authorized Signatory		
Second Authorized Signatory		
Third Authorized Signatory		
Fourth Authorized Signatory		

Date DD MM YY

For Official Use Only

RM's Name:

Signature

Date

Updated by:

Name:

Signature

Date

Checked by:

Name:

Signature

Date