NBP FUND MANAGEMENT LIMITED

ACCOUNT OPENING FORM

Form: NBP Funds VPF-01 (Please also fill FATCA Cor	mpliance Form, CRS and Risk Profiling Form for account opening)
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Customer ID (For Office Use) - - - Date:		- (, -	 	 	 			
NBP Funds Account No. Date:	Customer ID (For Office Use)				-					-		
	NBP Funds Account No.										Date: _	

I. INFORMATION ABOUT THE PRINCIPAL ACCOUN	T HOLDER (FILL IN BLOCK	LETTERS)		
Name of Applicant - As per CNIC*: * If title of account mismatch with CNIC, the name appearin Mother's Name of Applicant:		ather's/Husband Name of Applicant - l for title of account	As per CNIC*:	
CNIC/NICOP No	CNIC Expiry Date		NIC Issuance Date	
Gender ☐ Male ☐ Female Date	of Birth	Nationality	Religion	
Residential Status Resident Non-Resident	Education	Passport No	Zakat Deduction (Form - CZ50 is mandatory	es □ No in case of "No")
Mailing Address**: **In case of mailing address mismatch from CNIC kindly pro-	vide "Mailing Address Declaration	Nea	rest Landmark	
CityCoun	try	Email Address	5	
Residential Phone				
Occupation Service Self-employed Self-em	Owned/Family Business	Agriculture Income In case of Hou	sewife/Student, \(\triangle O	ther
Employer/Business Name (Mandatory)	Employer/Busin		ency on	
Holder of any Government Office, (MNA/MPA/Local bod	es) 🗆 Yes 🗀 No 💮 Are you	a family member or a close associate of a	ny Public Figure / Politically Exposed Persor	ı*? □Yes □No
Expected monthly investment amount: Up to Rs. 50	,000 Up to Rs. 50,000 to	o 1 Lac Up to Rs. 1 Lac to 2 Lacs	☐ Up to Rs. 2 Lacs to 3 Lacs ☐ Mo	re than Rs. 3 Lacs
Expected no. of investment transactions (monthly): _				
Source of Income Salary Home Remittar	ce	cks/Investments	Approximate Annual Income Rs:	
		☐ Employer/Business Address	Ainuai income ks.	
☐ Email Notification* ☐ Email & Post Notification	on* (Minimum Investment v	alue of Rs. 100,000 statement by Post)		
* If valid email address is not provided, the account statem	ent will he sent through nost	·		
in raile arrain address is not provided, the account states.	on viii se sen anough posa			
2. INFORMATION ABOUT NEXT OF KIN				
Name				
Relationship				
Address				
Mobile Number / Emergency Contact Number:		CNIC / Passpor	t No.	
he 'Next of Kin' shall only be Blood Relative i.e. (Spouse, Father	er, Mother,Brother, Sister, Son or D	aughter'). Incase of the death of Participant, p	ayment will be made to successor(s) in accorda	ance with the
uccession certificate issued by the Court. B. BANK ACCOUNT DETAILS (MANDATORY)				
Bank Account No/ IBAN No.		Bank Accou	nt Title	
Bank NameBranch				
I. RETIREMENT AGE Range between 60 to 70 years o				
Please specify expected retirement age		or expected date of retire	ement	
5. ALLOCATION SCHEME DETAILS				
Please select (any one) of the Allocation Schemes give		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	adds up to 100%.
Tick One Allegation Scheme	Farrita Carla Farrad	Dalat Colo Found	Monoy Market Sub-Fund	Total

	Tick One	Allocation Scheme	Equity Sub-Fund	Debt Sub-Fund	Money Market Sub-Fund	Total
1		High Volatility	Allocation % (Minimum Allocation: 65%)	Allocation % (Minimum Allocation: 20%)	Nil or Allocation 0%	100%
2		Medium Volatility	Allocation % (Minimum Allocation: 35%)	Allocation % (Minimum Allocation: 40%)	Allocation % (Minimum Allocation: 10%)	100%
3		Low Volatility	Allocation % (Minimum Allocation: 10%)	Allocation % (Minimum Allocation: 60%)	Allocation % (Minimum Allocation: 15%)	100%
4		Lower Volatility	Nil or Allocation 0%	Allocation % (Minimum Allocation: 40%)	Allocation % (Minimum Allocation: 40%)	100%
5		Customized Allocation	Allocation % (between 0% - 100%)	Allocation % (between 0% - 100%)	Allocation % (between 0% - 100%)	100%
6		Lifecycle Allocation	years, the equity allocation is gradually ree 60 years.	educed and		
		Age: 18 – 30 years	Allocation 75%	Allocation 20%	Allocation 5%	100%
		Age: 31 – 40 years	Allocation 70%	Allocation 25%	Allocation 5%	100%
		Age: 41 – 50 years	Allocation 60%	Allocation 30%	Allocation 10%	100%
Age: 51 – 60 years		Age: 51 – 60 years	Allocation 50%	Allocation 30%	Allocation 20%	100%
		Age: 61 years and above	Nil or Allocation 0%	Allocation 50%	Allocation 50%	100%

Declaration & Signature

Declaration & Signature

I have carefully read, understood and agree to abide by all the rules, regulations, terms and conditions given in this form. The details provided by me are true, correct and complete to the best of my knowledge and belief, and the documents submitted along with this application are genuine. I hereby undertake to promptly inform the company of any changes to the information provided in this form. I certify that I have the power and authority to establish this account and the features and services requested and that the authorizations hereon shall continue until any written notice of a modification or termination. I hereby accept that the company may at any time in the future require verification before processing my requested transaction in this account; the verification procedures may include recording instructions, requiring certain identifying information before acting upon instructions and sending written confirmations. With respect to the value added services offered by the company, I waive and discharge the company fully from any delay due to breakdown or malfunction of such services, beyond reasonable control of the company, and understand that the company may at its absolute discretion, discontinue any of the services completely or partially without any notice to me. I fully informed and understand that investment in units of Mutual Fund CIS are not bank deposit, not guaranteed and not issued by any person. Shareholders of AMCs are not responsible for any loss to investor resulting from the operations of any CIS launched/ to be launched by AMC (in future) unless otherwise mentioned. I/We hereby agree and give consent to NBP Fund Management Limited for performing Know-Your-Customer related verification, including but not limited to Identity Verification (NADRA Verisys), Bank Account Number / IBAN and Mobile Number verification and/or any other verification as may be required pursuant to regulatory requirements of the source of the provider. This consent will also be inding on the

Date :	Participant's Signature:

Managing Your Savings

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KYC OLIESTIONINIAIDE (pl	wike if VES is selected				
KYC QUESTIONNAIRE (Please desc	ribe if YES is selected) ed to open your account in Pakistan or abroa	ad?			
•	. ,				
(ii) Are you acting on behalf of any other p		☐ Yes ☐ No			
(iii) Are you holding a senior position in any	, ,	☐ Yes ☐ No			
(iv) Are you holding a senior position in any	,	☐ Yes ☐ No			
(v) Do you deal in high value items such as	Gold, Silver, Diamond etc.?	Yes No			
(vi) Do you have any links to offshore tax h	aven countries?	Yes No			
4 71. (ns & Guidelines			
2. Applications by Non Roremittance through bar	for opening a Pension Fund account w esident Pakistanis shall be accepted sul aking channels or through means perm accessed as per cut-off timings for the Fu	oject to existing laws provide itted by the State Bank of Pak	ed the subscrip kistan (SBP).	otion amount i	s paid by means of
5. Application will be pro-		Allocation Scheme			
Applicant should select	t one of the Allocation Schemes mention	oned in the Form.	1 116 1		
time the participant sel- 3. If sub-fund percentages	e is not selected, the participant's contr ects an Allocation Scheme. s are not specified within the selected A cted Allocation Scheme, while the rer	Allocation Scheme, the Pensi	on Fund Mana	iger shall take	minimum allocation
Manager at its discretion	be changed on an annual basis subjec		•		•
, , , , , , , , , , , , , , , , , , ,		ent Checklist	speemed iii ai		
Before submitting this form, make declined or processed with a dela deducted at the time of withdrawa Copy of CNIC/NICOP of par		ched. If one or more of the d ffidavit shall be provided for opy of Pension Fund's Accour	the participar	nt. If not subm	iitted, Zakat will be
☐ Declaration of using Busine	(Incase of exemption) (In	ncase of transfer from another Pe ATCA Form CRS I	nsion Fund Man		. ,
(Incase of Self Employed)	Genera	Instructions			
1. Fill the form in block le	etters and in legible handwriting to avo		essing. If any a	Iteration is ma	ade, a countersign is
mandatory.	get it filled in your presence. Do not s		,		
 Please tick in the approx 	opriate box whérever applicable, incase	e any field is not relevant, ple	ease mark 'N/A	Y (Not Applic	able).
 It is the responsibility o 	of the applicant to carefully read and un ly risk disclosure, disclaimer, warning	nderstand the guidelines and	instructions p	rovided in this	s form and the terms
5. Applications incomplet	te in any respect and/or not accompan	ied by required documents a	re liable to be	held or reject	ed until complete
requirements are fulfille	ed. d in all respects and carrying necessary	documentary attachments s	hould be subr	nittod at docia	nated NRP Funds offices
Complete lists of NBP	Funds offices are available on www.nk this form or information about our pro	opfunds.com		9	
	I/We hereby fd and, filled the Risk / Return Profiling	urther declare that			
 My risk profiling may not be independent discretion. At my so Management Limited and/or its St consistent with my risk profiling, a I understand that the allocation sinvestment / contribution amount. I understand that I am solely res I understand that my financia and re-allocations, even if these train my investment risk level. I understand that if my/our finan 	e consistent with my overall investable risk, liability and discretion and cateff / Representative / Distributor. The and are more consistent with My own ascheme I chose to invest may carry risk	tment objectives and need despite the contrary advice refore, I may decide to choos and independent investment as whereby the value of my it ofiling, and its impact on the I shall be solely responsimy risk / investment objective that may result in a change	ds which I he that may have ose to invest is objectives and investment /color e future value ble for all my es and even if of my/our inv	nave determine been given allocation so discontinuition monthis discontinuition months and these transactes transactes transactes transactes and the settle discontinuities and the settle	ned in my sole and to me by NBP Fund scheme which are not ay go below the initial ments / contribution. If future contributions tions result in increase uitability / tolerance
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that there will be no dividend distr by, insured by, obligations of, nor sponsors, shareholders or employ institution. I understand that my v objection to the Prescribed Investra fully aware of the risks associated v to deduct applicable premium cha pay the sum to the Insurance Com details, please refer to the detailed latest Fund Manager Report availal	formance in not necessarily an indicate ibution by the sub-funds. The Units of otherwise supported by the Commisses of the Pension Fund Manager or a withdrawals made from the Pension Fundent Policy and Prescribed Allocation I with the investment policy and the allocarges (if Insurance Coverage is availed pany. I further understand that sub-allocation is disclosures and disclaimers contable on our website or by calling or wrilities/ obligations of the Company (NB	the sub-funds of the Pension sion, the Stock Exchanges, a gany of the investors of the Stand, would be subject to Incopolicy determined by the Corporation policy chosen by me. The form my contribution base exation in sub-fund with equalined in the Offering Documenting to us. The use of the nar	Fund are not be any government eed Capital Uome Tax based mmission and be also hereby a bed on my selective exposure called to any supplement and logo of	pank deposits agency, the linits or any od on applicabe the Pension Flauthorize the licted Insurance arries relatively entary Offering National Bar	and are neither issued Trustee or any of the ther Bank or financial le Tax rates. I have no und Manager and I am Pension Fund Manager e Cover(s)/Rider(s) and ly high risk. For further ng Documents and the ok of Pakistan does not
Date :	Participant's Signature:_				
6. FOR OFFICE USE ONLY					
Distributor/Facilitator Name/ Co	ode Date & Time	Form Received on (Date & Time)		S Verified By Signatures	Data Input By
		,Sate & Time)	Traine &		
7. NBP SALES REFFERED BY					
Name	CNIC No:	NBP Employee card	l No.	NBP Bra	nch address & Code
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