

INVESTMENT FORM FOR PURCHASE OF UNITS



Date:

1. ACCOUNT DETAILS

Name of Applicant: _____ Folio No.: _____

2. PAYMENT DETAILS (We do not accept cash. Therefore you are advised to pay through the mentioned payment modes.)

Mode of Payment: ☐ Cheque ☐ Pay Order ☐ Demand Draft ☐ Transfer

Payment Instrument Details				
Date	Cheque No. / Online Transfer	Bank Name	Branch	City

Note: Please make a cheque in favour of the below mentioned Fund Name.

3. INVESTMENT DETAILS (All payments shall be made in the name of: "CDC-Trustee Name of Respective Fund/Plan")

Date of Investment: Investment Amount Rs: _____

Sales Load % charged to customer: **NIL**

Note: In case of payment through the account of a third party, the authority letter from the third person duly verified must be obtained.

	Name of Fund	Category of Fund	Risk Profile
<input type="checkbox"/>	IAML Money Market Fund (IMMF)	Money Market	Low
<input type="checkbox"/>	IAML Equity Fund (IEF)	Equity	High

Note: The details of Management Fee and Expense Ratio of the above funds/plans are given in our Monthly Fund Manager Report and websites of IAML/MUFAP;

IAML Money Market Fund Max. Sales Load: 1.5%

IAML Equity Fund (IEF) Max. Sales Load: 1.5%

4.DIVIDEND PAYOUT INSTRUCTIONS (FOR FUNDS ONLY)

Would you like to opt for the dividend re-investment option (after deduction of tax) ☐ Yes ☐ No (where applicable)

5.UNITS MODE HOLDINGS ☐ Account Statement ☐ Physical Units ☐ CDS Account (mention details below)

CDS Information: Participant/IAS ID:

Client / House / Investor A/c #:

6.COOLING OFF RIGHTS FOR INVESTOR

Under the Cooling-off Right all individual investors can claim , first time investment in a CIS (s)/ Plan(s) through written request within three business days commencing from the date of issuance of investment report to unit holder as per SECP Direction 31 of 2016.The refund of every unit held by the unit holder pursuant to exercise of a Cooling –Off right should be an amount equal to NAV per unit applicable on the date the cooling -off right is exercised. The refund pursuant to exercise of cooling - off right shall be paid within Six (6) business days of receipt of written request from the unit holder

Note:

- Please write your Portfolio No. (if any) or CNIC No. (In case of new investors) on the front of cheque. If the cheque is returned unpaid, the transaction of that will be rejected. For Name and type of Funds please see above.

7. RISK PROFILE OF CIS/PLANS

Name of Fund	Risk Profile	Risk of Principal Erosion
IAML Money Market Fund (IMMF)	Low	Principal at Low Risk
IAML Equity Fund (IEF)	High	Principal at High Risk

RISK DISCLAIMER

- I/We confirm that I/we am/are investing in the Selected Fund and the risk level of this fund is mentioned in the table given above.
- I/We confirm that I/We will not hold IAML responsible for any loss which may occur as a result of my/our decision.
- I/We further agree that IAML has advised us to select a specific fund category as per my/our risk profile. However, I/we can/may invest in any other fund category as per my/our discretion.
- I/We confirm that I/We am/are aware of associated risks with investment in a suitable fund category and confirm that I/We will not hold IAML responsible for any loss which may occur as a result of my/our decision.
- I/We have understood the details of sales load and have reviewed the Total Expense ratio including Management fee and Selling & Marketing expenses as disclosed in the Fund Managers' Report/Term Sheet/Marketing Material and as disclosed on the IAML website under latest fund prices' section.
- I/We have carefully read, understood, and accepted the terms and conditions given in the relevant Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these investment/conversion transactions.
- I/We understand that investments in Mutual funds and Pension funds are subject to market risks, and fund prices may go up or down based on market conditions.
- I/We understand that past performance is not necessarily an indicator of future results and there are no fixed or guaranteed returns.
- I/We, hereby authorize IAML to perform necessary verification related to Nadra Verisys, IBAN, Mobile Number and other external verification as and when required to open my/our account. In case any cooperation is required to complete the verification process, I/we will facilitate IAML accordingly.

Date:

تاریخ

D	D	M	M	Y	Y	Y	Y
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 Signature of Principal / Joint Account Holder(s) / Authorized Signatory with stamp in case of Institutional Clients

8. DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S)

I/We hereby confirm that all information provided in this form is true and correct to the best of my/our knowledge. I/We confirm that the representative of IAML/Distributor has explained the features and risk of the product and I/we have understood these features and risks in which I/we have agreed to invest. I/We agree that I/we shall assume sole responsibility for determining the merits or suitability of any and all advice and/or recommendations of IAML before relying on the same to enter into any transaction. I/We will not hold IAML responsible for any loss which may occur as a result of my/our decision. I/We further confirm that I/We have read the Trust Deeds, Documents, Supplemental Trust Deeds and Supplemental Documents that govern these Investment transactions. I/We have been fully informed and understand that investment in units of mutual funds/CIS are not bank deposits, not guaranteed and not issued by any person. Shareholders of AMC's are not responsible for any loss to investor resulting from the operations of any CIS launched/to be launched by AMC's unless otherwise mentioned. I/We also confirm having the knowledge of applicable load percentages as specified in this form.

Risk Disclaimer: All investments in Mutual Funds are subject to market risks. The value of the units may go up or down based on market conditions. Past performance should not be taken as an indication or guarantee of future performance and no representation or warranty, express or implied, is made regarding future performance. This literature is issued for indicative and information purposes only and investors should make their own appraisal of the investment opportunity and consult their own financial, legal and other professional advisors prior to any subscriptions. Investors should read the Trust Deed and the Offering Document of the relevant schemes carefully to understand the investment policy of the scheme and the risks involved.

Disclaimer: I/We are fully informed and understand that investment in units of CIS are not bank deposits, not guaranteed and not issued by any person. Shareholders of IAML are not responsible for any loss to me/us resulting from the operations of any CIS launched/ to be launched by IAML unless otherwise mentioned.

Use of the Name and Logo of "Interloop" as given above does not mean that it is responsible for the liabilities / obligations of Interloop Asset Management Limited or any investment scheme managed by it.

Signature of Principal / Joint Account Holder(s) / Authorized Signatory with stamp in case of Institutional Clients

9. PROVISIONAL RECEIPT (Please make sure to take the receipt with you)

Received from Mr./Mrs./Ms./Messrs: _____		Date: _____		Authorized Branch: (Stamp)
Name of Fund: _____				
Amount Received (Rs.): _____ In Words _____				Authorized Signatory:
Mode of Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Transfer No.: _____ Date: _____				
Instrument No. _____				
Drawn on (Bank & Branch): _____				