

Date:

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About The Institution

Account Title: _____

Company Name: _____

Registered Address: _____

Correspondence Address (If different): _____

City: _____ Tel: _____ Fax: _____

Registration Number: _____ NTN: _____

Tax Exempt: No Yes (Please attach Affidavit) Zakat Exempt: No Yes (Please attach Affidavit)

Institution Status: Sole Proprietorship/Partnership Private Limited
 Public Limited (Unlisted) Public Limited (Listed)
 Non-Profit/Social Welfare Govt. Body

Institution Category: Logistics Retirement Funds Commercial Bank
 Insurance Gratuity Funds Manufacturing
 Communications Educational Institutes Trading/Imports/Exports
 Other NBFIs Software / Technology Other Services

Authorized Signatories

Name (with Title)	NIC/Passport Num

Account operating instructions: Any One Signatory Jointly by Any Three
 Jointly by Any Two Other (please specify Authorization)

Payment Instructions

Dividend Payments: Reinvestment Send Cheque to Registered Address Send Cheque to Bank
 Redemption Payments: Send Cheque to Registered Address Send Cheque to Bank

Please provide Bank details for sending payments

Bank Name: _____ Account Number: _____

Bank Branch Address: _____

Bonus Encashment Instructions: Please tick this box if you wish to encash Bonus Units on the day following allotment.

Other Instructions

Please send Newsletters by: E-mail Post Do not wish to receive
 Please send Account Statements by: E-mail Post

Declaration and Confirmation

I/We declare that I am/we are not minor(s). I/We will not claim repatriation of dividends and redemption proceeds of the Unit(s) except as permissible under the rules of the State Bank of Pakistan, Ministry of Finance, or The Government of Pakistan. I/We have read the Offering Document(s) of the respective Crosby Fund(s). I/We apply for the Units of the Scheme(s) and I/We hereby agree to abide by the terms, conditions, rules and regulations of the Scheme. I/We confirm to have understood the terms and conditions, investment objectives, strategies, fundamental objectives, and risk factors applicable to the respective Crosby Fund(s).

	Name	Designation	Signature
First Signatory			
Second Signatory			
Third Signatory			
Fourth Signatory			

Documents Required

- Copy of NIC(s) of Authorized Signatories
 Memorandum of Articles & Association/
By Laws/Trust Deed
 Power of Attorney/Other Authorization to Signatories
- Board Resolution Authorizing Investment
 Zakat Affidavit (if applicable)
 Tax Exemption Certificate (if applicable)

Key Contact Individuals

Name: _____ Designation: _____

Tel (Office): _____ Tel (Cell): _____ E-mail: _____

Name: _____ Designation: _____

Tel (Office): _____ Tel (Cell): _____ E-mail: _____

Name: _____ Designation: _____

Tel (Office): _____ Tel (Cell): _____ E-mail: _____

Investment Details

Name of Fund: _____ Investment in PKR: _____

Investment amount in words: _____

Mode of Payment:

Cheque Pay Order Demand Draft Account Transfer Instrument Number: _____

Drawn on (Name of Bank & Branch): _____

Note: For investments in the Crosby Dragon Fund, Cheques should be made payable to "CDC Trustee - Crosby Dragon Fund".
For investments in the Crosby Phoenix Fund, Cheques should be made payable to "CDC Trustee- Crosby Phoenix Fund".

For Official Use Only

SA: _____ SLD: _____

DC: _____ Verified By: _____

Data input by: _____ Registrar verification by: _____

Reach Us

If you require any further information, please feel free to contact us at the following:

Telephone: (021) 111-369-111

Fax: (021) 5611886

E-mail: pakistan.info@crosby.com

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