

City

Country

E-mail*

Alternate E-mail

Residence Phone -

Office Phone -

Mobile -

Note: Country and city code information are mandatory

If applicant is minor

Guardian Name

Relation

CNIC No. / Passport No. -

CNIC / Passport Expiry Date - (dd-mm-yy)

In case the applicant minor, kindly provide FATCA related information of Guardian in the specified form.

Disclaimer: Make sure that provided email address is correct, active and pertinent (i.e email account being operated by you) as the same email address may be used by UBL Funds to contact you for update investment information and VAS (value added services). This email address may also be used to access your investment information and execute transaction including redemption, conversion & update profile Information etc. UBL Funds will not be held responsible for any potential misuse of the email.

2 Joint Unit Holder Details (Mandatory) (جوائنٹ یونٹ ہولڈر کی تفصیلات (لازمی))

Name نام (Mr. محترم ☐ Ms. محترمہ ☐ Mrs. مسز ☐)

1.

CNIC Number / قومی شناختی کارڈ نمبر - -

Signature دستخط

Name نام (Mr. محترم ☐ Ms. محترمہ ☐ Mrs. مسز ☐)

2.

CNIC Number / قومی شناختی کارڈ نمبر - -

Signature دستخط

Name نام (Mr. محترم ☐ Ms. محترمہ ☐ Mrs. مسز ☐)

3.

CNIC Number / قومی شناختی کارڈ نمبر - -

Signature دستخط

Please provide copy of CNIC(s), Know Your Customer (KYC) and FATCA Compliance information of Joint Holder(s) in the specified form. براہ کرم مخصوص فارم پر، اپنے شناختی کارڈ کی کاپی، کسٹمر کی پہچان (KYC) اور FATCA کی تکمیلی معلومات مہیا کیجیے۔

Tick (✓) any one option

Principal Unit Holder

All Joint Holders

Either or Survivor

Other

کسی بھی ایک آپشن پر نشان لگائیں:

☐

پرنسپل یونٹ ہولڈر

☐

آل جوائنٹ ہولڈرز

☐

یا تو یا بچ جانے والے

☐

دیگر

Bank Account Details (atleast one) of Principal Unit Holder Mandatory) /

Bank Account number / IBAN

Bank Account Title

Bank Name

Branch Code

Bank Address

Please provide the following details pursuant to Anti-Money laundering Regulation issued by the Securities & Exchange Commission of Pakistan

Education

☐ Under-Graduate☐ Graduate☐ Post- Graduate☐ Professional☐ Other

Marital Status

☐ Single☐ Married☐ Other

No. of dependents

Do you belong to profession:

☐ Lawyer☐ Notary☐ Real Estate Dealer☐ Foreign Exchange Dealer

Approximate Annual Income from profession (Rs.)

Other Income (Rs.)

Public Figure Politically Exposed Person

☐ Yes☐ No☐ Local☐ Foreign

(Includes Heads of State or of government, senior politicians, senior government/judicial/military officials of Grade 21 or above, Senior executive of state owned corporations, important political party officials, Senior management/member of board of an international organization).

Are you /you're a family members or close associate of any Public Figure / Politically Exposed Person ?

☐ Yes☐ No

Source of Funds (multiple options may be selected)

☐ Salary☐ Business Income

(please specify name of business)

☐ Home Remittance☐ Inheritance☐ Stock / Investments

(Please specify actual source of savings with documentary evidence)

☐ Gift (Please provide notarized copy of gift deed)☐ Sale of Property / Assets (Please provide notarized copy of sale agreement / Title Deed)☐ Housewife☐ Students☐ Others

(Please mark and provide source of income documents accordingly)

☐ Inheritance☐ Gift☐ Depend on Husband / Son / Father income☐ Remittances

Has any financial institution refused to open your account?

☐ Yes☐ No

Do you deal in high value item such as Silver, Gold

☐ Yes☐ No

Do you have any links to offshore tax haven countries?

☐ Yes☐ No

I. It is likely that I will withdraw my investment

Tick the appropriate Box (select one per question)

a	Within one year	2
b	Between 1 to 2 years	3
c	Between 2 to 5 years	4
d	Not before 5 years	5

II. Experience of Investing

a	I have no experience of investing in capital markets, stocks and bonds	1
b	I have experience of investing in capital markets, stocks and bonds	2

III. To seek high retruns I can take:

a	Very low risk	4
b	Low risk	8
c	Moderate risk	12
d	High risk	16

IV. The investment amount is:

a	A substantial part of my investable income	2
b	A signifcant part of my investable income	3
c	An insignificant part of my investable income	4

Total Score (I + II + III + IV)

Score	Category of CIS/Plan	Risk Profile	Risk of Principal Erosion
=< 13 the risk is	Money Market funds - AA and above rated banks and money market instruments	Very Low	Principal at Very Low Risk
> 13 but 18 =< the risk is	Capital Protected Funds(non-equity), Income funds with investment in A or above rated banks, money market instruments (AA category and above) and investment in up to 6 months floating rate govt securities or govt backed sukuks, MTS.	Low	Principal at Low Risk
> 18 but=<23 the risk is	CPPI Strategy Based Funds, Income Funds (where investment is made in fixed rate instruments or below A rated banks or Medium Principal at medium risk corporate sukuks or bonds, spread transactions, Asset Allocation and Balanced Funds (with equity exposure up to 50% mandate)	Medium	Principal at Medium Risk
>23 but=<27 the risk is	Equity Funds, Asset Allocation (with 0 - 100% Equity exposure mandate) and Balanced Funds (with 30 - 70% Equity exposure High Principal at high risk mandate), Commodity Funds, Index Trakker Funds and Sector Specific Equity related Funds	High	Principal at High Risk

Disclaimer: I hereby declare that I have read, understood and completed this entire risk profiling assessment questionnaire on my own. I understand that this questionnaire only helps me in assessing my risk appetite based on the information provided by me and I have the sole right & discretion to choose the investment scheme/plan as I deem fit which may be different as compared to my risk profile. I am aware that my financial needs may change over time depending on my personal situation and objective.

Signature: Principal Unitholder

Category	Fund Name / CIS	Investment Amount	Front End Load (One time cost*)
Money Market <i>Risk Profile: Very Low</i> <i>Risk of Principal Erosion: Very low risk</i>	UBL Liquidity Plus Fund UBL Money Market Fund UBL Cash Fund Money	Rs: _____ Rs: _____ Rs: _____	_____ % _____ % _____ %
Shariah Compliant Money Market <i>Risk Profile: Very Low</i> <i>Risk of Principal Erosion: Very low risk</i>	Al-Ameen Islamic Cash Fund	Rs: _____	_____ %
Capital Protected (Non Equity) <i>Risk Profile Low</i> <i>Risk of Principal Erosion: Low risk</i>	UBL Special Savings Fund Plan Name _____ UBL Special Savings Fund - II Plan Name _____	Rs: _____ Rs: _____	_____ % _____ %
Shariah Compliant Capital Protected (Non Equity) <i>Risk Profile: Low</i> <i>Risk of Principal Erosion: Low risk</i>	Al-Ameen Islamic Special Savings Fund Plan Name _____	Rs: _____	_____ %
Income <i>Risk Profile: Medium</i> <i>Risk of Principal Erosion: Medium risk</i>	UBL Income Opportunity Fund UBL Government Securities Fund	Rs: _____ Rs: _____	_____ % _____ %
Aggressive Income <i>Risk Profile: Medium</i> <i>Risk of Principal Erosion: Medium risk</i>	UBL Growth and Income Fund	Rs: _____	_____ %
Asset Allocation <i>Risk Profile Medium</i> <i>Risk of Principal Erosion: Medium risk</i>	UBL Asset Allocation Fund	Rs: _____	_____ %
Shariah Compliant Income <i>Risk Profile: Medium</i> <i>Risk of Principal Erosion: Medium risk</i>	Al-Ameen Islamic Sovereign Fund	Rs: _____	_____ %
Shariah Compliant Aggressive Income <i>Risk Profile: Medium</i> <i>Risk of Principal Erosion: Medium risk</i>	Al-Ameen Islamic Aggressive Income Fund	Rs: _____	_____ %
Shariah Compliant Asset Allocation <i>Risk Profile: Medium</i> <i>Risk of Principal Erosion: Medium risk</i>	Al-Ameen Islamic Asset Allocation Fund	Rs: _____	_____ %
Equity <i>Risk Profile: High</i> <i>Risk of Principal Erosion: High risk</i>	UBL Stock Advantage Fund UBL Financial Sector Fund	Rs: _____ Rs: _____	_____ % _____ %
Shariah Complaint Equity <i>Risk Profile: High</i> <i>Risk of Principal Erosion: High risk</i>	Al-Ameen Shariah Stock Fund Al-Ameen Islamic Energy Fund	Rs: _____ Rs: _____	_____ % _____ %

*Excluding taxes

Note: In case the fund risk category selected for investment is different then the Risk Profiling assessment result then please sign here to confirm that you have understood in detail with the help of the company representative of UBL Fund Managers Limited the risks involved in your investment.

Signature: Principal Unitholder

Risk Disclaimers: I/We have understood in detail with the help of the company representative of UBL Fund Managers Limited the risks involved in my investment. I 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 Manager Report/Term Sheet and as disclosed on the UBL Fund Managers website under latest fund prices section. I/We have carefully read, understood and accepted the terms and conditions given in the relevant Trust Deed(s) and Offering Document(s) of the Funds/Plan(s). 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 market conditions. I/We understand that past performance is not necessarily an indicator of future results and there is no fixed or guaranteed return.

Signature: Principal Unitholder

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ادائیگی کی تفصیلات Payment Details

1. Mode of Payment اداائیگی کا طریقہ ☐ Cheque چیک ☐ Online Transfer آن لائن ٹرانسفر ☐ Cashier Cheque/Pay Order پے آرڈر / کیشئر چیک

Instrument Number چیک نمبر

Bank Name (Drawn On) بینک کا نام (تیار کیا گیا)

Branch Code برانچ کوڈ

Branch Name برانچ کا نام

2. Mode of Payment اداائیگی کا طریقہ ☐ Cheque چیک ☐ Online Transfer آن لائن ٹرانسفر ☐ Cashier Cheque/Pay Order پے آرڈر / کیشئر چیک

Instrument Number چیک نمبر

Bank Name (Drawn On) بینک کا نام (تیار کیا گیا)

Branch Code برانچ کوڈ

Branch Name برانچ کا نام

*Amount should matched with selected fund(s) amount

Note: Payment can be made in the form of a cheque, Cashier Cheque / Pay Order (counterfoil also required) online account transfer. Payment shall be made in favor of "CDC Trustee UBL Funds" on in favor of CDC Trustee <Fund Name>, (Please mention Pre-IPO with fund name if investment being made during Pre-IPO period of fund).

*رقم، منتخب شدہ فنڈز (رقم) کے ساتھ میچ (match) ہونی چاہئے۔

نوٹ: اداائیگی چیک، کیشئر چیک / پے آرڈر یا آن لائن اکاؤنٹ کی منتقلی کی شکل میں کی جاسکتی ہے۔ اداائیگی 'سی ڈی سی ٹرسٹی یو بی ایل فنڈز' کے حق میں یا سی ڈی سی ٹرسٹی 'فنانس' کے حق میں ہو سکتی ہے۔ (اگر Pre-IPO فنڈ کی مدت کے دوران سرمایہ کاری کی جارہی ہو تو براہ کرم فنڈ کے نام کے ساتھ Pre-IPO کا ذکر کریں)

Cooling-off Right: کولنگ آف رائٹ

The unit holders have the right to obtain a refund of their first time investment (cooling-off right) in a particular Collective Investment Scheme. The cooling-off right shall be available to the individual unit holders only. The cooling-off period shall comprise of three business days commencing from the date of issuance of investment report (transaction statement) to the unit holder only. The cooling-off right shall be exercised by the unit holder upon written request to the AMC. The investment amount will be refunded at the applicable NAV on the date the cooling-off right is exercised which shall be paid to the unit holder within six business days of receipt of writer request from the unit holder. The AMC shall also refund any sales load paid by the unit holder. However, contingent load (Back end load) shall be payable by the unit holder where applicable.

یونٹ ہولڈرز کو حق ہے کہ وہ کسی خاص کلیکٹو انویسٹمنٹ اسکیم میں اپنی پہلی بار کی سرمایہ کاری (کولنگ آف رائٹ) واپس لے سکتے ہیں۔ کولنگ آف رائٹ صرف individual یونٹ ہولڈرز کو دستیاب ہوگا۔ "کولنگ آف پیریڈ" تین کاروباری دن پر مشتمل ہوگا جس کا آغاز یونٹ ہولڈر کو سرمایہ کاری کی رپورٹ (ٹرانزیکشن اسٹیٹمنٹ) جاری کرنے کی تاریخ سے ہوگا۔ یونٹ ہولڈر "کولنگ آف رائٹ" کا استعمال AMC کو تحریری درخواست پر کریں گے۔ قابل اطلاق NAV پر اس دن سرمایہ کاری کی رقم واپس کی جائے گی جس دن "کولنگ آف رائٹ" استعمال کیا جائے گا اور اس کا انعقاد یونٹ ہولڈر کو تحریری درخواست کی وصولی کے چھ کاروباری دن کے اندر اندر ہو جائے گا۔ AMC، یونٹ ہولڈر کو ادا کردہ 'بیک لوڈ' کی واپسی کرے گی۔ تاہم، جہاں لاگو ہوگا، اس یونٹ ہولڈر کے ذریعہ contingent لوڈ (بیک اینڈ لوڈ) کا معاوضہ ہوگا۔

☐ E-Statements ☐ UBL Funds Online ☐ UBL Funds Tele - Transact

Would like to register at

☐ Residence Phone ☐ Office Phone ☐ Mobile ☐ UBL Funds Mobile - Transact

Note: Physical statement of account (SOA) will be dispatched in case email address is not provided. If email address is available, account statement via email will be sent by default.

Please specify the following information if you wish to avail our above value added services.

Your Security Questions

Mother's Maiden name (This information is required for verification purpose only)

Secret Word

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Note: The secret word should comprise of number and / or letters. No special characters.

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

Note: UBL Fund Managers Limited reserves the right to distribute, in the form and manner as deem fit, the remaining income after the distribution of the minimum accounting income as per the NBFC and NE Regulations 2008.

For UBL Special Savings Fund / Underlying Plans Only: Any dividend declared will be given in form of cash dividend (from commencement of Life of Plan)
Any dividend declared during the subscription period will be reinvested in plan.

I/We hereby declare that the information provided to in this form is true and correct and that I/We are authorized to conduct transaction in this account. I/We certify that the options selected features and services requested and that the authorizations hereon shall continue until any/written notice of a modification or a termination signed by all appropriate parties. I/we hereby confirm that I/we have received and read the latest Fund Manager Report and/or Fact Sheet as the case may be. I/We authorized UBL Fund Managers to disclose relevant account information to third parties for performance of their duties or enhancement of services. I/We understood that the company may amend or alter the terms and conditions referred herein and hereafter, from time to time. I/We understand to access the company website to keep myself/ourselves updated before every operation of this account. I/We declare that the amount so invested is legitimate and not generated from money laundering activities.

Signature: Principal Unit holder

Joint Unit holder**Joint Unit holder****Joint Unit holder**

I/We hereby acknowledge and declare that the FATCA information provided in this form is correct and true and complete to the best of my/our knowledge and belief. I/We agree to provide supporting evidence and provide updates within 30 days in case any of the aforementioned information changes.

In consideration of UBL Fund Managers Limited maintaining continuing to maintain my/our accounts with it, I/We expressly and unconditionally authorize UBL Fund Managers Limited to disclose relevant account and/or personal information to third parties including the US tax authorities, as well as take necessary action including stopping redemption from any/all of my/our account(s) and/or withholding of tax for the purpose of UBL Fund Managers Limited's compliance with its obligations under the US Foreign Account Tax Compliance Act ("FATCA").

I/We undertake to fully cooperate with UBL Fund Managers Limited to ensure it meets its obligations under FATCA in connection with my/our account(s).

I/We irrevocably confirm and undertake that I/We shall indemnify, defend, and hold harmless UBL Fund Managers Limited, its Directors, Officers, and Employees from any loss, action, cost, expense (including, but not limited to, sums paid in settlement of claims, reasonable attorney and consultant fees, and expert fees), claim, damages, or liability which may be suffered or incurred by UBL Fund Managers Limited in discharging its obligations under FATCA and/or as a result of disclosures to the US tax authorities.

I/We acknowledge and accept that UBL Fund Managers Limited reserves the right to close or suspend, without prior notice, any/all of my/our account(s), if required documentation/information is not submitted within a stipulated time.

Signature: _____

Principal Unit holder / Guardian (Incase of minor)

Name

Principal Unit holder / Guardian (Incase of minor)

- | | | |
|---|---|--|
| <input type="checkbox"/> For Individuals / Sale Proprietorships | <input type="checkbox"/> Copy of Identification Document / Passport | <input type="checkbox"/> Business / Employment Proof |
| <input type="checkbox"/> Zakat Affidavit (in case of exemption) | <input type="checkbox"/> Copy of Nominee(s) (CNIC) | <input type="checkbox"/> W-9 Form (For US. Persons) |
| <input type="checkbox"/> W-8 Form (For Non U.S. Account) | <input type="checkbox"/> CRS Form | <input type="checkbox"/> Source of Fund Proof |

Distributor	<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"/>	Name or agent	<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"/>
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Eligibility D	<input type="text"/> <input type="text"/> <input type="text"/> ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CRM Leads	<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"/>

Lead Referral Program (LRP)

Name of Leads referral provider	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Ref. 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

1.

2.

3.

Part 3

Declarations and Signature*

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with UBL Fund Managers and its Funds under management setting out how UBL Fund Managers and its Funds under management may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or am authorized to sign for the Account Holder) of all the account(s) to which this form relates.

I declare that I have neither asked for, nor received, any advice from UBL Fund Managers and its Funds under management in determining my classification as a Reportable Person or otherwise.

<p>I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.</p> <p>I undertake to advise UBL Fund Managers within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide UBL Fund Managers with a suitably updated self-certification and Declaration with 90 days of such change in</p> <p>Capacity*</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<p>Signature*</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Print Name*</p> <div style="border: 1px solid black; padding: 5px;"><div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div><div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div><div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div><div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div><div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div><div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div><div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div><div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div><div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div><div style="border: 1px solid black; 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If signing under a power of attorney please also attached a certified copy of the power of attorney</p>
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