



**Mutual Funds Association of Pakistan**

207-209, 2nd Floor, Kassam Court, Clifton Block-V, Karachi  
Tel: 9221-35293136-7, Fax: 9221-35293104  
Email: info@mufap.com.pk, URL: www.mufap.com.pk

**REGISTRATION FORM FOR CORPORATE DISTRIBUTOR**

1 NAME OF DISTRIBUTOR

\_\_\_\_\_

\_\_\_\_\_

2 Date of Initiation of Business

\_\_\_\_\_

3 NTN

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4 CATEGORY OF CORPORATE DISTRIBUTOR (Tick Relevant)

Commercial Bank	<input type="checkbox"/>	Investment Bank	<input type="checkbox"/>
Financial Institution	<input type="checkbox"/>	Brokerage House	<input type="checkbox"/>
Partnership Firm	<input type="checkbox"/>	Public Limited Company	<input type="checkbox"/>
Proprietorship Firm	<input type="checkbox"/>	Private Limited Company	<input type="checkbox"/>
Any other (Please specify)	_____		

5 ADDRESS DETAILS

Address:

\_\_\_\_\_

City & Country:

\_\_\_\_\_

Tel:

\_\_\_\_\_

Fax:

\_\_\_\_\_

Email:

\_\_\_\_\_

URL:

\_\_\_\_\_

6 CONTACT PERSON DETAILS

NAME

\_\_\_\_\_

DESIGNATION

TEL

EMAIL ID

\_\_\_\_\_

7 ARE YOU ALREADY ENGAGED IN DISTRIBUTION OF MUTUAL FUNDS UNITS

Yes

No

If Yes attach a list of funds that are being distributed/AMCs you have signed up with:

8 DETAILS OF BRANCHES PROPOSED TO BE/ ARE ENGAGED IN DISTRIBUTION/MARKETING/SALES OF MUTUAL FUNDS/ PENSION FUNDS

Total Number: \_\_\_\_\_

Location: \_\_\_\_\_

Nationwide:

Limited to certain City(s):

*Please specify city names if limited option is selected*

9 TOTAL NUMBER OF EMPLOYEES PROPOSED TO BE/ ARE ENGAGED IN DISTRIBUTION/MARKETING/SALES OF MUTUAL FUNDS/PENSION FUNDS

\_\_\_\_\_

10 TOTAL NUMBER OF EMPLOYEES CERTIFIED AS MUTUAL FUND SALES AGENT

Total Number: \_\_\_\_\_

If Nil mention why: \_\_\_\_\_

11 PAYMENT DETAILS

BANK DRAFT/ CHEQUE NO. & DATE

AMOUNT

\_\_\_\_\_

DRAWN ON

*(name of bank and branch)*

\_\_\_\_\_

12 DETAILS OF AUTHORIZED SIGNATORY/(S) SIGNING THE APPLICATION

NAME

\_\_\_\_\_

DESIGNATION

\_\_\_\_\_

TEL

\_\_\_\_\_

EMAIL ID

\_\_\_\_\_

13 SIGNATURE OF THE AUTHORIZED SIGNATORY/(S) WITH COMPANY SEAL

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

COMPANY SEAL

14 **Declaration**

We hereby apply for Certificate of Registration as a 'Registered Service Provider' by Mutual Funds Association of Pakistan (MUFAP) to register with MUFAP for the purpose of enabling us to distribute Mutual Funds. We undertake to abide by the terms and conditions stated in SECP Regulations, Circulars and Code of Qualification and Conduct for Registered Service Providers of MUFAP including Code of Ethics prescribed by MUFAP and any other changes in Rules and Regulations that may be framed or amended by SECP/ MUFAP from time to time.

We hereby declare that the information furnished in this Form is true and correct to the best of our knowledge and belief. We shall promptly notify MUFAP of any changes in the information during the period the Certificate of Registration is in force.

We understand that registration as a Registered Service Provider with MUFAP is in accordance with the requirement stipulated by SECP distributing Mutual Fund products and should not, in any way, be deemed to imply that MUFAP takes any responsibility for any of our acts as a Distributor or has vouched for our credentials as Distributor and we shall bring this to the notice of all concerned while acting as Distributor.

We undertake that any breach of Code of Qualification/Ethics or any Rules and Regulations framed by SECP/ MUFAP will render our registration liable to be cancelled.

We further undertake that the requisite number of our employees who are engaged in sale, distribution and advise regarding investment in mutual fund products shall pass the requisite certification examination within the time frame as mandated by SECP.

We further undertake that act of our employees engaged in marketing, sales, and distribution of Mutual Fund Products shall be binding on us and We shall be wholly and solely responsible to the investors for all their acts, actions, representations and recommendations.

We undertake that we will carry out due diligence while engaging a person for marketing/ sale/ distribution/ advise of Mutual Fund Products on behalf of our Organization and appropriate documents shall be made available to MUFAP, if demanded.

We undertake that We will provide to MUFAP at the frequency MUFAP requires, full statistical information on mutual fund units distributed, including but not limited to the sales, redemptions, and holding of units and amount distributed to retail and corporate investors and such other information as MUFAP may require from time to time.

We confirm that we meet with the requirements of the Fit and Proper Criteria prescribed in the Code of Qualification and Conduct for Registered Service Providers of MUFAP and that our organization is authorized to undertake distribution of Mutual Funds.

DATE: \_\_\_\_\_

**SIGNATURE OF THE AUTHORISED  
SIGNATORY WITH COMPANY SEAL**

**Mandatory Documents to be submitted, as applicable (Please tick against documents attached)**

- Copy of Memorandum of Association
- Copy of Articles of Association
- Copy of Certificate of Incorporation
- Certified Copy of Board Resolution
- Copy of Partnership Deed
- Authorized Signatory List with Specimen Signatures
- Corporate Employee/s Form
- Fit and Proper Criteria Questionnaire
- Undertakings as required under the Code & SECP Notifications
- List of funds that are being distributed/AMCs you have signed up with

Note: All the fields in the form are mandatory. Further the application for registration as a Registered Service Provider of MUFAP by the Corporates should be submitted along with Corporate Employee Form/s in respect of the employees who would be engaged in marketing/ distribution of Mutual Fund Products. Incomplete applications or applications submitted without Corporate Employee form/s will not be processed until completion of all required documentation.

All copies shall be attested from Notary Public/Oath Commissioner.

**FOR OFFICE USE ONLY**

APPLICATION RECEIVED ON \_\_\_\_\_ RSP CODE NUMBER \_\_\_\_\_  
 DATE OF APPOINTMENT \_\_\_\_\_ DEMAND DRAFT / CHEQUE NO. \_\_\_\_\_  
 REGISTRATION FEE RECEIVED IN PKR \_\_\_\_\_ REMARKS \_\_\_\_\_  
 CERTIFIED DOCUMENTS COPIES RECEIVED \_\_\_\_\_ AUTHORIZED BY \_\_\_\_\_



**CORPORATE EMPLOYEE/S FORM - PART A**

1 NAME OF DISTRIBUTOR \_\_\_\_\_

**2 DETAILS OF CEO/ HEAD OF DISTRIBUTION FUNCTION**

Full Name: \_\_\_\_\_

Designation : \_\_\_\_\_ Date of Appointment: \_\_\_\_\_

Gender: Male  Female  Date of Birth: \_\_\_\_\_

NTN								-							
CNIC								-						-	

Address: \_\_\_\_\_

City & Country: \_\_\_\_\_

Tel: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**PROFESSIONAL QUALIFICATION**

Degree	_____
University/ Institute	_____
Year of Passing	_____

**ACADEMIC QUALIFICATION**

Degree	_____
University/ Institute	_____
Year of Passing	_____

**EXPERIENCE**

No. of years in Financial Sector: \_\_\_\_\_ Total Working Experience: \_\_\_\_\_

**Positions held during the last 10 years prior to this position**

Name:	_____
Position Held:	_____
Period of Service:	_____
Address:	_____

Name:	_____
Position Held:	_____
Period of Service:	_____
Address:	_____

*(attach additional sheet if required)*

**3 Declaration**

I hereby declare that the information furnished in this Form and the attached Fit and Proper Questionnaire is true and correct to the best of my knowledge and belief.

**SIGNATURE OF CEO/ HEAD OF DISTRIBUTION FUNCTION**

Date of signing: \_\_\_\_\_

**SIGNATURE OF THE AUTHORISED SIGNATORY WITH COMPANY SEAL**

CORPORATE EMPLOYEE/S FORM - PART B

1 NAME OF DISTRIBUTOR \_\_\_\_\_

2 DETAILS OF EMPLOYEES PROPOSED TO BE/ ARE ENGAGED IN DISTRIBUTION/MARKETING/SALES OF MUTUAL FUNDS/PENSION FUNDS

A. EMPLOYEE 1

Full Name: \_\_\_\_\_

Designation : \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

Gender: \_\_\_\_\_

Male

Female

Date of Birth: \_\_\_\_\_

NTN

								-							
								-							

CNIC

Address: \_\_\_\_\_

City & Country: \_\_\_\_\_

Tel: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

**MUTUAL FUND DISTRIBUTOR CERTIFICATION PROGRAMME**

Certificate Number \_\_\_\_\_

Date of Passing \_\_\_\_\_

If registered but not appeared for exam please provide Programme Enrolment ID \_\_\_\_\_

If exempt please provide reasons: \_\_\_\_\_

**PROFESSIONAL QUALIFICATION**

Degree \_\_\_\_\_

University/ Institute \_\_\_\_\_

Year of Passing \_\_\_\_\_

**ACADEMIC QUALIFICATION**

Degree \_\_\_\_\_

University/ Institute \_\_\_\_\_

Year of Passing \_\_\_\_\_

**EXPERIENCE**

No. of years in Financial Sector: \_\_\_\_\_

Total Working Experience: \_\_\_\_\_

Positions held during the last 5 years prior to this position

Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Period of Service: \_\_\_\_\_

Address: \_\_\_\_\_

3 Declaration

I hereby declare that the information furnished in this Form and the attached Fit and Proper Questionnaire is true and correct to the best of my knowledge and belief.

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SIGNATURE OF EMPLOYEE

Date of signing: \_\_\_\_\_

SIGNATURE OF THE AUTHORISED SIGNATORY WITH COMPANY SEAL

B. **EMPLOYEE 2**

Full Name: \_\_\_\_\_  
 Designation : \_\_\_\_\_ Date of Appointment: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Male  Female  Date of Birth: \_\_\_\_\_  
 NTN 

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 CNIC 

						-								-	
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 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City & Country: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

**MUTUAL FUND DISTRIBUTOR CERTIFICATION PROGRAMME**

Certificate Number \_\_\_\_\_  
 Date of Passing \_\_\_\_\_  
 If registered but not appeared for exam please provide Programme Enrolment ID \_\_\_\_\_  
 If exempt please provide reasons: \_\_\_\_\_

**PROFESSIONAL QUALIFICATION**

Degree	_____
University/ Institute	_____
Year of Passing	_____

**ACADEMIC QUALIFICATION**

Degree	_____
University/ Institute	_____
Year of Passing	_____

**EXPERIENCE**

No. of years in Financial Sector: \_\_\_\_\_ Total Working Experience: \_\_\_\_\_  
 Positions held during the last 5 years prior to this position  
 Name: \_\_\_\_\_  
 Position Held: \_\_\_\_\_  
 Period of Service: \_\_\_\_\_  
 Address: \_\_\_\_\_

4 **Declaration**

I hereby declare that the information furnished in this Form and the attached Fit and Proper Questionnaire is true and correct to the best of my knowledge and belief.

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**SIGNATURE OF EMPLOYEE**

Date of signing: \_\_\_\_\_

<b>SIGNATURE OF THE AUTHORISED SIGNATORY WITH COMPANY SEAL</b>
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Note: Please attach additional copies of Part B of the Corporate Employee/s Form for additional employees as necessary to meet the requirements of the SECP's Circular 35 of 2009 and any other circulars as required from time to time.

Mandatory Documents to be submitted for all, as applicable along with Corporate Employee/s Form (Please tick against documents attached)

Attested CNIC Copy(s)

Passport Size Photographs (1 coloured)

Certified copy of Mutual Fund Distributor Certificate

Copy of Enrollment ID if registered but not appeared for exam

Fit and Proper Criteria Questionnaire

CEO/HOD


Employee 1


Employee 2


Note: Incomplete applications will not be processed until completion of all required documentation.

All copies shall be attested from Notary Public/Oath Commissioner.