



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

RENEWAL FORM FOR CORPORATE REGISTERED SERVICE PROVIDER

1 NAME OF REGISTERED SERVICE PROVIDER

2 REGISTRATION NUMBER:

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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 DETAILS ABOUT MUTUAL FUNDS/PENSION FUNDS DISTRIBUTION BUSINESS

NUMBER OF YEARS IN BUSINESS: _____

NUMBER OF INVESTORS SERVICED: Individuals: _____ Corporate: _____

AVERAGE AUM (Rs. In mn) Total: _____ Individuals: _____ Corporate: _____
(as on June 30, every year)

8 DETAILS OF BRANCHES 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 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

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SIGNATURE

COMPANY SEAL

14 **Declaration**

We hereby apply for renewal of Certificate of Registration as a 'Registered Service Provider' by Mutual Funds Association of Pakistan (MUFAP) which is solely for the purpose of enabling us to distribute Mutual Funds and Pension 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 confirm that the requisite number of our employees who are engaged in sale, distribution and advise regarding investment in mutual fund products have acquired/will acquire the requisite certification examination within the time frame as mandated by SECP vide Circular 35 of 2009.

We further undertake that acts 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 confirm that we 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)

- 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 _____

B. EMPLOYEE 2

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: _____

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.

SIGNATURE OF EMPLOYEE

SIGNATURE OF THE AUTHORISED
SIGNATORY WITH COMPANY SEAL

Date of signing: _____

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)

	CEO/HOD	Employee 1	Employee 2
Attested CNIC Copy(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passport Size Photographs (1 coloured)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified copy of Mutual Fund Distributor Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Enrollment ID if registered but not appeared for exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fit and Proper Criteria Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Incomplete applications will not be processed until completion of all required documentation.
All copies shall be attested from Notary Public/Oath Commissioner.