



16 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:

17 PAYMENT DETAILS

BANK DRAFT/ CHEQUE NO. & DATE \_\_\_\_\_

AMOUNT \_\_\_\_\_

DRAWN ON \_\_\_\_\_

18 Declaration for Individual Distributor

I, \_\_\_\_\_, 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 me to distribute Mutual Funds. I 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.

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

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

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

I undertake that I 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.

I confirm that I 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 I am not prohibited under law from carrying out the business of distribution of Mutual Funds.

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

SIGNATURE OF THE APPLICANT

19 Declaration for Sole Proprietor

I, \_\_\_\_\_, 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 me to distribute Mutual Funds. I 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.

I hereby declare that the information of myself and my employees furnished is true and correct to the best of my knowledge and belief. I shall promptly notify MUFAP of any changes in the information during the period the Certificate of Registration is in force.

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

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

I undertake that I 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.

I confirm that I along with my employees 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 I am not prohibited under law from carrying out the business of distribution of Mutual Funds.

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

SIGNATURE OF THE APPLICANT

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

- Attested CNIC Copy
- 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
- Undertakings as required under the Code & SECP Notifications
- List of funds that are being distributed/AMCs you have signed up with
- Registration Fees Rs.1000/-
- Tax Details/NTN No./Tax Certificate
- Employee(s) Form (for Sole Proprietor)
- Fit and Proper Criteria Questionnaire of Employee(s) (for Sole Proprietor)


Note: All the fields in the form are mandatory. Incomplete applications 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 \_\_\_\_\_





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

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.

