

10 **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)

11 **PAYMENT DETAILS**

BANK DRAFT/ CHEQUE NO. & DATE _____
AMOUNT _____
DRAWN ON _____

12 **Declaration for Individual Distributor**

I, _____, hereby apply for renewal of Certificate of Registration as a 'Registered Service Provider' by Mutual Funds Association of Pakistan (MUFAP) solely for the purpose of enabling me to distribute Mutual Funds and Pension 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 confirm that I: (please tick appropriate one)
have acquired
in process of acquiring
am exempt
from the requisite certification examination as mandated by SECP vide Circular 35 of 2009.

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

13 **Declaration for Sole Proprietor**

I, _____, hereby apply for renewal of Certificate of Registration as a 'Registered Service Provider' by Mutual Funds Association of Pakistan (MUFAP) solely for the purpose of enabling me to distribute Mutual Funds and Pension 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 confirm that I: (please tick appropriate one)
have acquired
in process of acquiring
am exempt
from the requisite certification examination as mandated by SECP vide Circular 35 of 2009.

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 for 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 _____



SOLE PROPRIETOR 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.

SIGNATURE OF EMPLOYEE

SIGNATURE OF THE AUTHORISED
SIGNATORY WITH COMPANY SEAL

Date of signing: _____

B. EMPLOYEE 2

Full Name: _____

Designation : _____ Date of Appointment: _____

Gender: _____ Male Female Date of Birth: _____

NTN

								-	
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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 Sole Proprietor 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

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.

