

Mutual Fund Subscription Form



P.O. Box 134, P.C. 112,
Ruwi, Sultanate of Oman.
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Fax :(+968) 24704478
E-mail: assetmanagement@bankmuscat.com

BM FOLIO NUMBER
If new investor, fill in "NEW"

APPLICANT INFORMATION

ENTITY/STATUS Individual Mutual fund Pension fund Company / LLC Others _____

Name of applicant Mr. Ms. M/s. HH HE Date of Birth

Name of the Parent/Guardian (In case of Minor) Relation with Minor

PROOF OF IDENTITY

Passport No. Issue Date Expiry Date

ID Card Issue Date Expiry Date

CR No. Issue Date Expiry Date

Are you Holder of any of the following? Please specify Yes No

US Nationality Green Card Making ongoing payments to USA US Tax Resident Born in US

Address in USA Telephone No. in USA

CONTACT DETAILS OF APPLICANT

P.O. Box Address

Postal Code City Country

Tel. No. Mobile No. Email ID

E-MAIL COMMUNICATION

I/We wish to receive account statement by e-mail at the above mentioned e-mail address.

NON BANK MUSCAT CUSTOMERS

Income Range: Below RO 1,000 RO 1,000 - RO 2,500 RO 2,500 and above

Source of Funds Employment details

BANK ACCOUNT DETAILS

Account Type Account No.

Bank Branch

Branch Address

SUBSCRIPTION	bank muscat Muscat Fund	bank muscat Oryx Fund	bank muscat Money Market Fund
Lump sum Amount (OMR)			
SIP Amount (OMR)			
Fees %			
Total Amount (OMR)			
Systematic Investment Plan	Date: 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> Period From: _____ To: _____	Date: 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> Period From: _____ To: _____	

PAYMENT MODE

Cheque No. Account Debit

Notes:

- I/We subscribe for units set out above, I/we confirm that the money invested is from a legitimate source.
- Applications that are not in accordance with the terms and conditions of the offer document and Subscription form are liable to be rejected.

Disclaimer:

- I have read the offer document, understood and agree to all the terms and conditions set out therein including the risk factors.
- Past performance is NOT a guarantee of the future performance. The value of investment can fluctuate depending on the market value as on transaction date. bank muscat is NOT responsible for the losses suffered on account of such market fluctuations.
- The Investment Manager and its directors shall be held free and harmless against any claim or liability that they may have incurred while performing their duties, except for their respective willful misconduct or gross negligence.
- Applicant should sign as per ID copy or Passport copy.
- It is the client's sole responsibility to ensure that the information communicated in the form is accurate and updated at all times.

Applicant/Guardian/Authorised Signatory _____

For Bank Use Only

(compulsory details)

Name & Broker Code	Sub Broker/Sub Agent Code	Date and Time of Receipt	Bank/Registrar Serial No.

ACKNOWLEDGMENT SLIP (To be filled in by Investor)

Received from _____ an Subscription for allotment of _____



SUBSCRIPTION	bank muscat Muscat Fund	bank muscat Oryx Fund	bank muscat Money Market Fund
Lump sum Amount (OMR)			
SIP Amount (OMR)			
Fees %			
Total Amount (OMR)			
Systematic Investment Plan	Date: 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> Period From: _____ To: _____	Date: 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> Period From: _____ To: _____	

Date & Stamp of the branch

