

BM FOLIO NUMBER

If new investor, fill in "NEW"

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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 followings? Please specify Yes No

US Nationality Green Card Make ongoing payments to USA US Tax Resident

Address in USA _____ Telephone No. in USA _____

Are you (the owner) tax residents in any country other than Oman? No/Yes If "yes" is selected, please fill CRS-Individual Self Certification form.

CONTACT DETAILS OF APPLICANT

P.O. Box _____ Address _____

Postal Code _____ City _____ Country _____

Tel. No. _____ Mobile No. _____ E-mail 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 _____

Proof of Employment _____

Proof of residence Funds _____

POLITICALLY EXPOSED PERSON/ PROMINENT PERSON (PEP)

Do you or any of your direct relative(s) currently hold / previously held any of the following mentioned Position? Yes No

Are you a close business associate of any of the following mentioned position(s)? Yes No

If you have answered any of these as YES, please provide name & position of your direct relative / business associate below;

Name: _____

H.E. designations or member of Royal Family whether local or foreign. Ambassador, Embassy First Secretary, Consulate General, Embassy Attaché.

CEO of publicly listed company or a fully-owned government company whether local or foreign. Senior Officials in an International Organization (such as UN, WHO, UNESCO etc.) or a senior foreign government official.

Rank of Brigadier General and above whether local or foreign. Member of Parliament, Shura Council, Oman Council or equivalent in any jurisdiction.

BANK ACCOUNT DETAILS

Account Type _____ Account No. _____

Bank _____ Branch _____ PC _____

Branch Address _____

SUBSCRIPTION	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 _____	

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.

Applicant/Guardian/Authorized Signatory _____

For Bank Use Only
(compulsory details)

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

ACKNOWLEDGMENT SLIP (To be filled in by Investor)

Received from _____ an Subscription for allotment of _____

SUBSCRIPTION	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"/> <input type="checkbox"/> Period From: _____ To _____	

Date & Stamp of the branch