

NATIONAL INVESTMENT TRUST LIMITED

Risk Profiling Questionnaire For Individual Investors

Title of Account: _____

DATE (DD / MM / YYYY):

		-			-				
--	--	---	--	--	---	--	--	--	--

CNIC No.: _____

Registration ID: _____

(For existing customer)

Please fill this form for us to better understand your investment goals according to your needs. On the basis of the information you provide, we can suggest you a customized solution. Please tick the boxes as per your choice.

1.	Age (in Yrs.)	2.	Marital Status	3.	No. of Dependents
<input type="checkbox"/>	Below 40	6 Points	<input type="checkbox"/>	Single	6 Points
<input type="checkbox"/>	41-50	3 Points	<input type="checkbox"/>	Married	2 Points
<input type="checkbox"/>	51-60	1 Points	<input type="checkbox"/>	Divorced/Widow	0 Points
<input type="checkbox"/>	Above 60	0 Points			
<input type="checkbox"/>			<input type="checkbox"/>	Zero	6 Points
<input type="checkbox"/>			<input type="checkbox"/>	Below Four	3 Points
<input type="checkbox"/>			<input type="checkbox"/>	Four to Seven	1 Points
<input type="checkbox"/>			<input type="checkbox"/>	Above Seven	0 Points
4.	Occupation	5.	Qualification	6.	Your Risk Appetite
<input type="checkbox"/>	Retired/Unemployed	0 Points	<input type="checkbox"/>	Matriculation or Below	0 Points
<input type="checkbox"/>	Student/House Wife	1 Points	<input type="checkbox"/>	Intermediate	1 Points
<input type="checkbox"/>	Salaried	3 Points	<input type="checkbox"/>	Graduate	2 Points
<input type="checkbox"/>	Business/Self Employed	6 Points	<input type="checkbox"/>	Post Graduate	3 Points
<input type="checkbox"/>			<input type="checkbox"/>	Doctorate	4 Points
<input type="checkbox"/>			<input type="checkbox"/>	Very High	12 Points
<input type="checkbox"/>			<input type="checkbox"/>	High	10 Points
<input type="checkbox"/>			<input type="checkbox"/>	Moderate	6 Points
<input type="checkbox"/>			<input type="checkbox"/>	Low	4 Points
<input type="checkbox"/>			<input type="checkbox"/>	Very Low	0 Points
7.	Your Investment Objective		8.	Your Investment Horizon	
<input type="checkbox"/>	Capital Preservation	4 Points	<input type="checkbox"/>	Short-term (Less than 1 Year)	4 Points
<input type="checkbox"/>	Capital Preservation & Income	8 Points	<input type="checkbox"/>	Medium-term (1 to 5 Years)	6 Points
<input type="checkbox"/>	Income and long-term Growth	12 Points	<input type="checkbox"/>	Medium to Long-term (5 to 10 Years)	10 Points
<input type="checkbox"/>	Capital Growth	14 Points	<input type="checkbox"/>	Long-term (More than 10 Years)	12 Points
9.	Your current level of Investment Knowledge		10.	Your current financial position: In a year or so, how secure do you feel your finances will be?	
<input type="checkbox"/>	Little or no knowledge	0 Points	<input type="checkbox"/>	Very Secure	0 Points
<input type="checkbox"/>	Some Knowledge	2 Points	<input type="checkbox"/>	Somewhat Secure	-2 Points
<input type="checkbox"/>	Both Knowledgeable and Experienced in investing	4 Points	<input type="checkbox"/>	Not Sure	-4 Points
<input type="checkbox"/>			<input type="checkbox"/>	Likely Worse	-8 Points

11. Scoring Of Risk Profiling Results

Question #	1	2	3	4	5	6	7	8	9	10	Total
Your Score											
Your Portfolio	Score	Type of Investor	Risk Profile/ Risk of Principal Erosion	Suitable Investment in Scheme							
	Score 0-25	Safety-Oriented	Low / Principal at low risk	Money Market Schemes							
	Score 26-43	Balanced	Medium/ Principal at medium risk	Income Schemes							
	Score 44+	Growth-oriented	High/ Principal at high risk	Equity & Asset Allocation Schemes							

I/We declare that I/We understand that this risk profiling questionnaire will help me/us assess my/our risk appetite based on the information provided by me/us. I am/we are aware that my/our financial needs may change over time depending on my/our personal and situation objectives. I/We also understand that this questionnaire does not constitute, in any manner, advice given by the Company. I/We shall be solely/jointly responsible for all my/our current and future investment, conversion and transfer transactions if these transactions are not in accordance with my/our above-mentioned risk profiling results. I/We will not hold the Company liable or responsible for these transactions in any manner. Further, I/We hereby confirm that all information provided in this form is true to the best of my/our knowledge.

نوٹ: میں اس بات کو سمجھتا ہوں اور متفق ہوں کہ اہل آئی ٹی نے مندرجہ بالا انفورمیشن کی میری رسک پروفائل کے مطابق تجویز کی ہے۔ لیکن میں اپنی مرضی کے مطابق کسی بھی دوسری فنڈ کیلنگری میں انویسٹمنٹ کر سکتا/کر سکتی ہوں۔

Fund decided by Investor: _____

Principal Unit Holder

1 - Joint Unit Holder

2 - Joint Unit Holder

3 - Joint Unit Holder

Name of Sales Person	Name of Branch Manager
Signature	Signature