NPay DIGITAL PAYMENT SYSTEM

NBP FUNDS Managing Your Savings

N-Pay Registration Form

NTN / CNIC (Sole Proprietor)													

DATE	D	D	M	M	Y	Y	Y	Y

NBP Funds' N-Pay Digital Payment System is an online payment system that will enable businesses to securely and efficiently make salary, vendor, bill, and tax payments in just a few clicks.

Please carefully read the guidelines added under each section of this Registration Form before filling it in.

Note: Notwithstanding the signing of this Form, all disclaimers / declarations / undertaking in respective Forms including the Terms and Conditions governing the use of N-Pay Digital Payment System that are acknowledged and signed by the authorized person(s)/signatory(ies) on behalf of the Company / Business will remain intact and effective.

1. COMPANY DETAILS

Please enter the details of the company which will have access to N-Pay Digital Payment System.
In case 'Sole Proprietor' is selected as Company Type, please only fill the 'Administrator' fields within **section 3. N-Pay User Details**.

Company Type: ☐ Company ☐ Sole Proprietor

Company Name : _____ **NTN :** _____

2. NBP FUNDS ACCOUNT DETAILS

Please enter the details of the NBP Funds account which will be linked with N-Pay Digital Payment System. All digital payment transactions through N-Pay will be routed through this linked account.

Account Title : _____

Account No. / Folio No. : _____ **Fund Name :** _____

3. N-PAY USER DETAILS

Please specify the maximum numbers of Makers, Checkers and Authorizers who will have access to N-Pay Digital Payment System at any given time.

Note: For any change (addition/deletion) in number of N-Pay users, please update the details through the 'N-Pay Change Request Form'.

Max No. of Makers on N-Pay (Optional):	Max No. of Checkers on N-Pay (Optional):	Max No. of Authorizers on N-Pay (Optional):

The following N-Pay users will be created by NBP Funds, and will be authorized to perform their respective roles on N-Pay Digital Payment System.
Sole Proprietors are ONLY required to fill the 'Administrator' fields within this section.

Please enter Administrator Details below

Note: Only one Admin user is allowed on N-Pay Digital Payment System. In case the Admin user needs to be changed in the future, please submit the User Deactivation Form along with the New User Form (Admin) available in the N-Pay Change Request Form.

ADMINISTRATOR			
Name (as per CNIC)		CNIC	
Issuance Date		Expiry Date	☐ Lifetime
Email Address		Mobile No.	

Please enter Authorizer Details below

1 - AUTHORIZER			
Name (as per CNIC)		CNIC	
Issuance Date		Expiry Date	☐ Lifetime
Email Address		Signature (as per NBP Funds' record and signing instruction)	
Mobile No.			
Designation			

2 - AUTHORIZER			
Name (as per CNIC)		CNIC	
Issuance Date		Expiry Date	☐ Lifetime
Email Address		Signature (as per NBP Funds' record and signing instruction)	
Mobile No.			
Designation			

As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction
Signature of Authorized Signatory	**Signature of Authorized Signatory**	**Signature of Authorized Signatory**	**Signature of Authorized Signatory**

Clients are required to affix seal with authorized signatories.

3 - AUTHORIZER			
Name (as per CNIC)		**CNIC**	
Issuance Date		**Expiry Date**	☐ **Lifetime**
Email Address		**Signature** (as per NBP Funds' record and signing instruction)	
Mobile No.			
Designation			
4 - AUTHORIZER			
Name (as per CNIC)		**CNIC**	
Issuance Date		**Expiry Date**	☐ **Lifetime**
Email Address		**Signature** (as per NBP Funds' record and signing instruction)	
Mobile No.			
Designation			
5 - AUTHORIZER			
Name (as per CNIC)		**CNIC**	
Issuance Date		**Expiry Date**	☐ **Lifetime**
Email Address		**Signature** (as per NBP Funds' record and signing instruction)	
Mobile No.			
Designation			
6 - AUTHORIZER			
Name (as per CNIC)		**CNIC**	
Issuance Date		**Expiry Date**	☐ **Lifetime**
Email Address		**Signature** (as per NBP Funds' record and signing instruction)	
Mobile No.			
Designation			
7 - AUTHORIZER			
Name (as per CNIC)		**CNIC**	
Issuance Date		**Expiry Date**	☐ **Lifetime**
Email Address		**Signature** (as per NBP Funds' record and signing instruction)	
Mobile No.			
Designation			
8 - AUTHORIZER			
Name (as per CNIC)		**CNIC**	
Issuance Date		**Expiry Date**	☐ **Lifetime**
Email Address		**Signature** (as per NBP Funds' record and signing instruction)	
Mobile No.			
Designation			
9 - AUTHORIZER			
Name (as per CNIC)		**CNIC**	
Issuance Date		**Expiry Date**	☐ **Lifetime**
Email Address		**Signature** (as per NBP Funds' record and signing instruction)	
Mobile No.			
Designation			
10 - AUTHORIZER			
Name (as per CNIC)		**CNIC**	
Issuance Date		**Expiry Date**	☐ **Lifetime**
Email Address		**Signature** (as per NBP Funds' record and signing instruction)	
Mobile No.			
Designation			

As per NBP Funds' record and signing instruction

Signature of Authorized Signatory

As per NBP Funds' record and signing instruction

Signature of Authorized Signatory

As per NBP Funds' record and signing instruction

Signature of Authorized Signatory

As per NBP Funds' record and signing instruction

Signature of Authorized Signatory

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4. DAILY AND MONTHLY PAYMENT LIMITS (OPTIONAL)

Please specify the Payment Limits (if any). These defined limits will restrict daily and monthly payments to be processed on N-Pay Digital Payment System.

Note: For any change in Payment Limits in the future, please fill and submit the Payment and Authorizer Limits Form available in the 'N-Pay Change Request Form'.

Daily Limit :	**Monthly Limit :**

5. AUTHORIZER LIMITS

Please specify the payment slabs (limits) for the different Authorizers given access to N-Pay Digital Payment System. For example, from PKR 0 to 999,999; PKR 1,000,000 to 4,999,999; and PKR 5,000,000 and above.

Please note that the **Names of Authorizers** added below can be greater than the **Number of Authorizers Required**. For example, if 5 Authorizers are listed under **'Names of Authorizers'** and only 2 Authorizers are required to process the payment, then any 2 (out of those 5) Authorizations received on that transaction will result in payment disbursal.

Note: For any change in Authorizer Limits in the future, please fill and submit the Payment and Authorizer Limits Form available in the 'N-Pay Change Request Form'.

Sole Proprietors are NOT required to fill this section.

AUTHORIZER PAYMENT LIMIT

From Amount :	**To Amount :**	**No. of Authorizers Required :**

NAMES OF AUTHORIZERS

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

AUTHORIZER PAYMENT LIMIT

From Amount :	**To Amount :**	**No. of Authorizers Required :**

NAMES OF AUTHORIZERS

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

AUTHORIZER PAYMENT LIMIT

From Amount :	**To Amount :**	**No. of Authorizers Required :**

NAMES OF AUTHORIZERS

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction
Signature of Authorized Signatory	**Signature of Authorized Signatory**	**Signature of Authorized Signatory**	**Signature of Authorized Signatory**

Clients are required to affix seal with authorized signatories.

Declaration & Mandatory Documents

I / We ratify that the information provided in the Form is true correct and that I / We have read and understood the guidelines as stated and provided unaltered copies of documents required for registering for N-Pay Digital Payment System. I / We also understand that NBP Funds reserve the right to decline registration of any N-Pay users due to incorrect information and/or any other reason(s) thereof.

List of Documents Attached

1. Copies of CNIC of N-Pay Admin and Authorizers

Distributor / Facilitator Information (For Office Use Only)

Approached by		Meeting ID	Details of Distributor / Facilitator / Referral Name / Code	Transaction Date
☐ NBP Funds Representative	☐ Self			

NBP Referred - Name	CNIC	Designation

Branch Name	Branch Manager Name	CNIC

For Registrar Use Only

Form received on (Date & Time)	Date and attachments verified by	Data Input by	Transaction No.

Disclaimer

"I/We accept that all investments in mutual funds are subject to market risks and a target return / dividend range or capital protection cannot be guaranteed. I/We clearly understand, agree, acknowledge and accept that my/our investment is subject to market price fluctuations and other risks inherent in all such investments. The risks emanate from various factors which include, but are not limited to, market risks, government regulation risks, credit risks, liquidity risks, settlement risks, redemption risks, Shari'ah non-compliance risks, dividend distribution taxation risks, and changes in risks associated with trading volumes, liquidity and settlement systems in equity and debt markets. Past performance is not necessarily indicative of future results. Investment in mutual funds are not bank deposits and are neither issued by, insured by, obligation of, nor otherwise supported by SECP, any Government Agency, Trustee (except to the extent specifically stated in the constitutive documents) or any of the shareholders of NBP Fund Management Limited or any of the Pre-IPO Investors or any other bank or financial institution. For further details, please refer to the detailed risk disclosures and disclaimers contained in the Offering Documents and Supplementary Offering Documents and the latest Fund Manager Report available on our website or by calling or writing to us."

As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction
Signature of Authorized Signatory	**Signature of Authorized Signatory**	**Signature of Authorized Signatory**	**Signature of Authorized Signatory**

Clients are required to affix seal with authorized signatories.