



# **Change Request Form**

This N-Pay Change Request Form is designed to cater to any changes in the information associated with a company's active N-Pay account. It contains the following sections:

Section 1 – Company and Account Details Form (Page 1)

Section 2 – New User Form (Page 1 and Page 2)

Section 3 – User Deactivation Form (Page 3)

Section 4 – Payment and Authorizer Limits Form (Page 4)

Section 5 – Declaration and Mandatory Documents (Page 5)

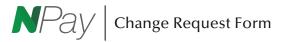
Please carefully read the guidelines at the start of each section.

Only print and fill the sections that are needed, except Section 5 which is mandatory.

Forms will not be accepted without the signatures (as per NBP Funds' record) of Authorized Signatories.

For more information, please send an email at support.npay@nbpfunds.com with the subject 'N-Pay Change Request Form'.

NTN / CNIC (Sole Pro	oprietor)	Τ		1							٦	DATE	D C	) M N	1 Y Y	Y Y
Company Name	<u>' '                                   </u>															
Section 1 - Compa	ny and Acc	count	t Dotail	c Eo	rm											
NBP Funds' N-Pay Di						t cyctom	that w	ill anak	ale busin	accac to	n securel	ly and efficient	ly make	salary ven	dor hill and tay	,
payments in just a fev		Jysten	1 13 411 011	mic pe	ауппсп	t system	triat vv	III CIIAC	ore busin		o occurci	ry and emerent	iy make	salary, veri	Joi, bill, and tax	
Please carefully read	the guidelines	added	under ea	ch sec	ction o	f this Ch	ange R	equest	Form be	fore fill	ling it in					
1. COMPANY DETA	AILS															
To update the details of	of the company	which	h has acc	ess to	N-Pay	Digital I	Payme	nt Syste	em, pleas	e fill a	nd subm	it this Form to	NBP Fu	nds.		
Company Type:	Company 🗆	Sole P	roprietor													
Company Name :	, , –		•									NTN:				
2. NBP FUNDS ACC	COUNT DET	AILS										\				
To update the NBP Fu			olease fill	and si	ubmit	this Forn	n to NE	3P Fund	ds The si	pecifie	d accom	nts and funds v	vill be li	nked with N	J-Pav	
Digital Payment System												no and rando r	50	inted triair.	,	
S. No. Account T	itle						Acc	count N	No. / Foli	o No.	Fui	nd Name				
1.																
2.																
3.																
4.																
5.																
Section 2 – New U	lser Form															
NEW USER FORM																
To change the maximu	ım number of	Makers	s, Checke	rs and	l Autho	orizers o	n N-Pa	y Digit	al Payme	ent Syst	tem, plea	ase fill and sub	mit the	fields below	to NBP Funds.	
Sole Proprietors are no	t required to fi	ill these	e fields.					, 0	,	,						
Max No. of Makers on	N-Pay (Optio	nal):		Max	x No.	of Check	ers on	N-Pay	(Option	al):		Max No. of	Authori	zers on N-P	ay (Optional):	
To add a new user (Ad	min / Authoriz	er) to l	N-Pay Di	gital P	aymer	nt System	, pleas	se fill a	nd submi	t this F	orm to N	NBP Funds. The	ese user	s will be cre	ated by NBP Fu	nds,
and will be authorized <b>Note:</b> N-Pay does not	•				,											created
on N-Pay.	·		momaci	011 01 0	active	users. 1 1	cuse ei	ner a a	iiique ei	iic, Li	nan / taa	iress una mobil	ic i vaiii	ser for each	new user to be	breated
Please enter Administr Note: Only one Admir			N-Pay Die	rital D	avman	t Systam	In cas	se the 4	Admin us	or noo	de to ha	changed nless	sa fill the	a evicting A	dmin user's deta	ile in
the User Deactivation													Je IIII til	e existing / to	anni doer o deta	
ADMINISTRATOR																
Name (as per CNIC)									NIC							
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Email Address								M	lobile No	).						
Please enter Authorize	er Details belo	w														
1 - AUTHORIZER Name (as per CNIC)								C	NIC							
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Mobile No.									0				0			
Designation																
2 - AUTHORIZER																
Name (as per CNIC)								C	NIC							
Issuance Date								Ex	xpiry Dat	e					Li	ifetime
Email Address								Si	gnature	as per l	NBP Fun	ds' record and s	igning in	nstruction)		
Mobile No.																
Designation																
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and signing instr	uction	Г	ar	ıa sıgn	ing ins	truction		1		and sig	gning inst	ruction	1 [	and:	signing instruction	11





3 - AUTHORIZER						
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Issuance Date		Exp	oiry Date			☐ Lifetime
Email Address		Sig	nature (as pe	er NBP Funds' record and s	igning instruction)	
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Designation						
4 - AUTHORIZER						
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Mobile No.						
Designation						
-						
5 - AUTHORIZER Name (as per CNIC)		CN	IIC			
Issuance Date						☐ Lifetime
			oiry Date	NIDD E I / I I		Lifetime
Email Address		Sig	nature (as pe	er NBP Funds' record and s	igning instruction)	
Mobile No.						
Designation						
6 - AUTHORIZER						
Name (as per CNIC)		CN				
Issuance Date		Exp	oiry Date			☐ Lifetime
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Designation						
7 - AUTHORIZER		,				
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Designation						
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Designation						
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9 - AUTHORIZER Name (as per CNIC)		CN	IIC			
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Issuance Date			oiry Date			Litetime
Email Address		Sig	nature (as pe	er NBP Funds' record and s	igning instruction)	
Mobile No.						
Designation						
10 - AUTHORIZER						
Name (as per CNIC)		CN				
Issuance Date		Exp	oiry Date			☐ Lifetime
Email Address		Sig	nature (as pe	er NBP Funds' record and s	igning instruction)	
Mobile No.						
Designation						
As per NBP Funds and signing instr	As per NBP Funds' record and signing instruction			NBP Funds' record signing instruction		r NBP Funds' record signing instruction

**Signature of Authorized Signatory** 

**Signature of Authorized Signatory** 

Signature of Authorized Signatory

**Signature of Authorized Signatory** 





NTN / CNIC (Sole Proprietor)								DATE	D	D	М	М	Υ	Υ	Υ	Υ
Company Name																

## Section 3 – User Deactivation Form

To deactivate an N-Pay user (Admin / Authorizer), please fill and submit this Form to NBP Funds. Once deactivated, the user will no longer have access to N-Pay Digital Payment System.

In case the same user needs to be given access to N-Pay again in the future, the company will be required to fill and submit the New User Form (Section 2) to NBP Funds.

**Note:** A user cannot be deactivated if no other user of the same type exists on N-Pay. For example, if only one Admin exists on N-Pay, that Admin cannot be deactivated unless this Form is accompanied by a **New User Form** (Section 2 of this N-Pay Change Request Form) to create a new Admin.

AUTHORIZER	
Name (as per CNIC)	
CNIC	
AUTHORIZER	
Name (as per CNIC)	
CNIC	
AUTHORIZER	
Name (as per CNIC)	
CNIC	
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Name (as per CNIC)	
CNIC	
AUTHORIZER	
Name (as per CNIC)	
CNIC	
	Name (as per CNIC) CNIC AUTHORIZER Name (as per CNIC)

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** 



NBP FUND MANAGEMENT LIMITED	<b>⊗</b> NBP	<b>FUNDS</b>
NRP FLIND MANAGEMENT LIMITED		Managing Your Savings
THE TOTAL MINITAGEMENT ENTITED	NBP FUND MANAGEME	NT LIMITED

				NRL LOND	MANAGEMENT LIMITED
NTN / CNIC (Sole Proprietor)				DATE D	D M M Y Y Y Y
Company Name					
Section 4 – Payment and Au	thorizer Limits For	rm			
1. DAILY AND MONTHLY PAY	YMENT LIMITS				
To update the payment limits, ple N-Pay Digital Payment System.	ease fill and submit this F	Form to NBP Funds. Th	ese defined limits will rest	trict daily and monthly	payments to be processed on
Daily Limit :			Monthly Limit :		
2. AUTHORIZER LIMITS					
To update the payment slabs (limit	its) for the different Auth	orizers given access to	N-Pay Digital Payment S	ystem, please fill and su	ubmit this Form to NBP Funds.
For example, from PKR 0 to 999,9  Please note that the <b>Names of Authorizers</b> and only 2 result in payment disbursal.	thorizers added below o	can be greater than the	Number of Authorizers R	Required. For example, se 5) Authorizations rec	if 5 Authorizers are listed under eived on that transaction will
Sole Proprietors are NOT required	d to fill this section.				
AUTHORIZER PAYMENT LIMI	I <b>T</b>				
From Amount :		To Amount :		No. of Authorizers F	Required :
NAMES OF AUTHORIZERS					
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3.					
4.					
5.					
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7. <b>8.</b>					
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10.					
<b>AUTHORIZER PAYMENT LIMI</b>	T			ı	
From Amount :		To Amount :		No. of Authorizers F	Required :
NAMES OF AUTHORIZERS					
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10.	_				
AUTHORIZER PAYMENT LIMI	I	T- A		No. of Audhaniana F	h
From Amount:		To Amount :		No. of Authorizers F	kequirea :
NAMES OF AUTHORIZERS  1.					
2.					
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5. 6.					
7.					
8.					
9.					
As per NBP Funds' record and signing instruction		Funds' record	As per NBP Fur and signing ir		As per NBP Funds' record and signing instruction

**Signature of Authorized Signatory** 

Signature of Authorized Signatory

Signature of Authorized Signatory

**Signature of Authorized Signatory** 



	<b>NBP</b>	<b>FUNDS</b>
NBP FUND	MANAGEM	Managing Your Savings ENT LIMITED

NTN / CNIC (Sole Proprietor)								DATE	D	D	М	М	Υ	Υ	Υ	Υ
Company Name																

Section 5 – Declaration and Mandatory Documents

#### **Declaration**

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 change in the particulars of N-Pay Users.

Further, I (in case of Self-Employed / Sole Proprietorship) or I/We for and on behalf of above named company as the case may be, hereby agree and give consent to NBP Fund Management Limited for performing Know-Your-Customer related verification including but not limited to Identity Verification i.e. (NADRA Verisys of directors/trustees/partners/ultimate beneficial owner(s)/officers/any other person by whatever name called and authorized signatories) and/or any other verification as may be required pursuant to regulatory requirement(s) either on its own or through third party service provider initially or any subsequent changes therein.

I/We further confirm that to the extent of changes requested through this Form, all other particulars provided earlier in N-Pay Registration Form will remain intact unless otherwise stated. I / We also understand that NBP Funds reserve the right to decline the change(s) in particulars / details due to incorrect information and/or any other reason(s) thereof.

### **List of Documents Attached**

1. Copies of CNIC of any new N-Pay Admin and Authorizers to be created. (Only required if Section 2 - New User Form is being submitted)

## 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