

**Due Diligence for Appointment of a Distributor - Corporate**

Name of the company: \_\_\_\_\_

Paid up Capital : \_\_\_\_\_ Credit Rating \_\_\_\_\_

Company's sponsor names?

	Name	Designation	Share in %
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Business modal for distribution (Target Segment to sell funds)

- Corporate                       SME                       Financial  
 Individual / HNW               Retail                       Others \_\_\_\_\_

Q1. Have you been in Mutual fund distribution?

- 1-2 Years               3-4 Years               5 Years or More               others \_\_\_\_\_

Q2. Do you sell any other fund? If yes, please mention names

- Yes       No

\_\_\_\_\_  
\_\_\_\_\_

Q3. Please mention Gross / Net Investments solicited/facilitated?

Rs. (m) \_\_\_\_\_

Q4. Do you have any plan to expand your business in coming future?

- Yes       No

Comment: \_\_\_\_\_

Q5. Do you have a separate distribution setup or if so where?

- Yes       No

Comments: \_\_\_\_\_  
\_\_\_\_\_

Q6. Resource Allocation:

**Research Unit:**

- |                                  |                                       |                                    |                                      |
|----------------------------------|---------------------------------------|------------------------------------|--------------------------------------|
| Team                             | <input type="checkbox"/> 1-3          | <input type="checkbox"/> 4-6       | <input type="checkbox"/> More than 7 |
| Average Qualification            | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Graduate  | <input type="checkbox"/> Masters     |
| Professional Experience<br>Years | <input type="checkbox"/> 1-2 Years    | <input type="checkbox"/> 2-4 Years | <input type="checkbox"/> More than 5 |

**Marketing / Sales Units:**

- |                         |   |                                   |   |
|-------------------------|---|-----------------------------------|---|
| Team                    | <input type="checkbox"/> 1-3  | <input type="checkbox"/> 4-6      | <input type="checkbox"/> More than 7    |
| Average Qualification   | <input type="checkbox"/> Intermediate   | <input type="checkbox"/> Graduate | <input type="checkbox"/> Masters        |
|                         | <input type="checkbox"/> ICM Certification (at least two persons or 20 percent of your employees whichever is higher) |                                   |   |
| Professional Experience | <input type="checkbox"/> 1-2 yrs  | <input type="checkbox"/> 2-4 yrs  | <input type="checkbox"/> More than 5yrs |

**Investor Services Unit:**

- |                         |                                       |                                   |   |
|-------------------------|---------------------------------------|-----------------------------------|---|
| Team                    | <input type="checkbox"/> 1-3          | <input type="checkbox"/> 4-6      | <input type="checkbox"/> More than 7    |
| Average Qualification   | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Graduate | <input type="checkbox"/> Masters        |
| Professional Experience | <input type="checkbox"/> 1-2 yrs      | <input type="checkbox"/> 2-4 yrs  | <input type="checkbox"/> More than 5yrs |

Q7. Do you know about us and our products? If not, then is training required about it?

- Yes       No

Q8. Do you have any innovative product or idea to sell our funds?

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Please provide contact details of concern along with the below mentioned documents:

Contact person : \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Address : \_\_\_\_\_

- CNIC copy of the owner       Latest financials