MCB FUNDS
Investments for Life

REDEMPTION FORM "C-1"

For Corporate Customers Only

No. C-1/MA-0001

Date:	Please write in block letters using black ink

1) Principal Applicant's Details

Title of Account																											
Investor Registration Number							CNIC/NICOP/Passport No.																				

2) Redemption Details

Please fill either No. of Units OR Amount. In case both are filled, amount will be considered for redemption

Name of the Fund / Investment Plan	Type of Units	Class of Units	No. of Units		Amount	
					In Figures (Rs)	In Words
(a)						
(b)						
(c)				OR		
(d)						

Certificates Issued	☐ No ☐ Yes, Certificate No. _____ is/are attached with this Form.																										
CDS Account Details	Participant ID/IAS ID							Client/House/Investor Account No.																			

3) Bank Account Details for Payment

Please select ANY ONE of the below mentioned option for processing your redemption payment: If no option is selected payment will be deposited in already registered account

☐ Deposit in my already registered bank account available under my above mentioned registration number

☐ Deposit in my following bank account and also update the same in my above mentioned registration number

Bank Account Title:			
IBAN No.		Bank Name:	
MODE OF PAYMENT	☐ IBFT/IFT ☐ RTGS (Only available for net redemption amount of above PKR 25 Million)		

(a) Signature	(b) Signature	(c) Signature	(d) Signature

Management Company reserves the right to change mode of payment depending on operational requirements of the fund/bank. The same will be communicated to the unitholder via email or sms

4) Declaration and Signatures

I/We, the undersigned, hereby declare that:

(a) I/We understand that the redemption of units will be made in accordance with the term and conditions as mentioned in the Constitutive Documents of the Fund;

(b) I/We understand that redemption proceeds may be subject to deduction of capital gain tax in accordance with the requirements of Income Tax Ordinance, 2001 applicable in Pakistan and the directives issued by Federal Board of Revenue (FBR) from time to time; and

(c) I/We understand that once the redemption request has been received by the Investment Facilitator/ Distributor, it cannot be cancelled.

(d) I/We understand that transaction request received within Cut-Off Timings of the Business Day will be processed at the price of the Scheme applicable on that Business Day. Transaction request received after Cut-Off Timings of the Business Day or on a non-business day, will be processed at the price of the Scheme applicable on the next Business Day. I/We have seen the Cut-Off Timings of the Scheme available at the download section of the website (www.mcbah.com).

(e) I/We understand that the Management Company reserves the right to obtain identity verification services (Biometric/NADRA Verisys) from NADRA to confirm my/our identification document(s). I/We hereby allow the Management Company to confirm my/our identity using identity verification services of NADRA. I/We will not hold the Management Company liable or responsible in any manner.

(f) I/We hereby allow the Management Company to verify my/our bank account number(s) and mobile number(s)through independent sources. I/We will not hold the Management Company liable or responsible in any manner.

Institutional Investor	Individual Investor	In case of investor having thumb impression or unstable/shaky/immature signature, Attestation of gazetted officer (BPS-17 and above)/ branch manager of the bank/ notary public/ authorized officer of the MCB-AH and two adult male witnesses shall be required. A passport size photograph will also be obtained from such investor.	
Company Stamp	Principal Applicant's Signature / Left Hand Thumb Impression	Attestation of Branch Manager	Witnesses (Adult Male Persons only) Name: _____ CNIC: _____ Signature: _____ Name: _____ CNIC: _____ Signature: _____

Authorized Signatories/Joint Holder(s)	Signature(s)
(a) Name:	
(b) Name:	
(c) Name:	
(d) Name:	

5) Investment Facilitator / Distributor Details (For Official Use Only)

Distributor/Facilitator Name		Code						Distributor's Stamp with date and time
Branch Name		City						

6) Registrar Details (For Official Use Only)

Date and Time Stamping	Form received by	Name and Signature
	Date, Form and attachments verified by	Name and Signature
	Data input by	Name and Signature

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