MCB FUNDS
Investments for Life

MCB DCF Fixed Return Fund Plan XIV Conversion Form

Please ensure that your application form/cheque is completely filled and signed before handing it over to our representative. We will notify you through email and SMS upon receipt of the application form.
برائے مہربانی اس بات کو یقینی بنایئے کہ آپ کا درخواست فارم / چیک ہمارے نمائندے کو دینے سے قبل مکمل طریقے سے پُر اور دستخط شدہ ہو۔ درخواست فارم موصول ہونے پر ہم آپ کو بذریعہ ای میل اور ایس ایم ایس مطلع کریں گے۔

RISK PROFILE AND LOAD DETAILS

Symbol of Plan	Category of Plan	Risk Profile	Investor Eligible Score	Front-end Load	Contingent Load	Bank-end Load
MCB DCFFRFP XIV	An allocation plan of an open-end fixed rate/return scheme	Moderate (Principal at Moderate Risk)	=>15	Nil	Contingent Load will commensurate with net loss incurred due to early redemption	Nil

COOLING-OFF RIGHT FOR INDIVIDUAL UNIT HOLDERS:
All Individual Unit Holders have a right to obtain a refund of their first time investment only (cooling-off right) in a Collective Investment Scheme (CIS) managed by MCB Funds. The Unit Holder may exercise cooling-off right within three (3) business days commencing from the date of issuance of Investment report as per Circular No.26 of 2015 (cooling-off period). For this purpose, the Unit Holder shall send a written request to Investor Services Department of MCB Funds at one of its Registered Addresses. The refund pursuant to the exercise of a cooling-off right shall be paid to the Unit Holder within six (6) business days of receipt of written request from the Unit Holder in accordance with the Direction No. 31 of 2016 issued by Securities and Exchange Commission of Pakistan.

Date: | **Please write in block letters using black ink**

1. Investor Details

Investor Registration No.		**CNIC/NICOP/NTN**	- -
Title of Investor Account:			

2. Conversion Details

Convert (Redeem) From the Scheme/Investment Plan		Amount in Rupees		No. of Units	Convert (Invest) In	
	Type of Units		OR	All		MCB DCF Fixed Return Fund Plan XIV
				or	Fixed / Promised Return for IPO Investors	11.40% p.a.
	Class of Units				Maturity Date	16th January 2027

Reinvestment/ Roll-Over Authorization (Please select one of the following options)

☐ No

☐ Yes (I/We hereby authorize the Management Company to reinvest/roll-over my investment in MCB DCFFRFP XIV in the next available allocation plan under MCB DCF Fixed Return Fund).

3. Declaration and Signatures

1. I/We shall be solely responsible for my/our above-mentioned investment transaction(s) if such transaction(s) is/are not in accordance with my/our risk profiling results already provided to the Management Company. I/ We will not hold the Management Company liable or responsible for such transaction(s) in any manner.
2. I/We, the undersigned, hereby declare that:
(a) I/We have read and understood the terms and conditions of the Constitutive Documents of the Scheme(s), in particular the Investment Policies, Risk Factors, Taxation Policies and Warnings before making investment in the Scheme(s);
(b) I/We have reviewed the Total Expense Ratio, Management Fee percentage, Selling & Marketing expenses percentage, Front-end, Back-end and Contingent Load percentages of the Scheme as disclosed on the website link https://www.mcbfunds.com/statutory-disclosures-for-unit-holders/;
(c) I/We understand that the Management Company of the Scheme has the sole discretion to allocate/ not to allocate Units of the Scheme;
(d) I/We have been informed regarding the promised return and maturity date of the selected plan;
(e) I/We understand that once the investment request has been received by the Investment Facilitator/ Distributor, it cannot be cancelled.
(f) 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.mcbfunds.com).
(g) I/We, the undersigned hereby assure to the Management Company that the proceeds invested in the Scheme(s) are not derived from money laundering or illegal activities and will not be used for financing terrorism in any manner.
(h) I/We understand that the Management Company may request for additional application form(s)/ document(s) to process my/our current and future investments in accordance with the requirements of the Anti-Money Laundering Act ("AML Act"), the Securities and Exchange Commission of Pakistan (Anti Money Laundering and Countering Financing of Terrorism) Regulations ("AML Regulations"), Guidelines on Anti-Money Laundering, Countering financing of Terrorism and Proliferation financing ("AML Guidelines") and AML/CFT and CDD/KYC Policies and Procedures of the Management Company. I/We will ensure to provide these required application form(s)/ document(s) within specified time. I/We also understand that in order to ensure compliance with aforesaid statutory laws and regulations, the Management Company may reject my/our investment and/or close my/our account if the required application form/ document is not provided to the Management Company within specified time or the required application form/ document is not complete and valid in all respects.
(i) I/We also understand that by redeeming units before maturity, the Promised return will not be applicable.
(j) I/We understand that the Roll Over option is as mentioned in the Offering Document.
(k) I acknowledge that I have read the Key Fact Statement at the time of investment, and I have read and understood the terms and conditions to the best of my knowledge and have retained copy of the same.

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 Funds 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 Manger	Witnessess (Adult Male Persons Only) Name: _____ CNIC: _____ Signature: _____ Name: _____ CNIC: Signature(s) Signature: Signature(s)

Authorised Signatories \ Joint Holder(s)	
(a) Name:	
(b) Name:	
(c) Name:	
(d) Name:	

4. Investment Facilitator / Distributor Details (For Official Use Only)

I have informed the promised return and date of maturity to the client.

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

5. Registrar Details (For Official Use Only)

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

NOTE: To find out your Risk Profile Score via SMS, Type "RP<space>REG_NO" and send it to 8622 from your registered mobile number

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