G-2 Form Sr. No.  MCB FUNDS Investments for Life	Please ensure that your application We will notify you through email a بروی در قراست قدر موسل پر در این موسل پر در در این موسل پر در این موسل پر در این موسل پر در این موسل پر در در در این موسل پر در	on form/cheque is completely filled and signed before handing it over t nd SMS upon recept of the application form. الم ين كر آب كادر تواسد قدم / إيك تاب ك لا كام كه والدينة بسائل محل فرا بين عن كل محل فرا بين عن أي اور سخا	to our representative. G-2 Form Sr. No.  G-2 Form Sr. No.  Box المرابع المراب
Investment Form "G-2" (For Gulluck Plan Only)	Investment Form "G-2" (For Gulluck Plan Only)		Rs.
	Title of Account		ns.
Date:	Investment Amount (in words) :		Front End Load (%):
Reg. No			• •
Received Rs.	through Drawn on	Bank Name/ Branch	•
	Declaration and Signature		
Through Cheque No.	I, the undersigned, hereby declare that I have read, understood and agreed to the Declarations mentioned	Attestation of Branch Manager & witness of 2 adult male signature or thumb impression.	e persons shall be required only in case of Guardian with unstable
Drawn on	overleaf.	Branch Manager Attestation Witness 1 (Adult Male	e Person Only) Witness 2 (Adult Male Person Only)
Bank Name/Branch		Name :	Name :
for investment in Gulluck Plan			
MCB Pakistan Stock Market Fund		CNIC:	CNIC:
		Will 1	
FC Code: Stamp	A/C holder/GulLuckian's Signature Guardian Signature (Voluntarily)	Name/Signature/Stamp Signature :	
V-2023/12/21			G-2

(a) I love rest and understood the relievant Constitutive Booments of the PlanFund multiple and must be an investment in the United Plan (1994). I understand that the Offer Price of the Armodish Units may have the Find facility and the light that the Offer Price of the Armodish Units may have the find are not defined from money bundering or legal activities and the source of Funds is my personal savings; and (3) understand that the Offer Price of the Armodish understand the Indian season and the Indian season and the Indian season and Indian seas										
Investment Facilitator/Distributor Details (For Official Use Only)										
Distributor/Facilitator Name				FC Code :				Distributor's Stamp with date and		
Branch Name	City:				time					
Registrar Details (For Official Use Only)										
		Form received by	Name and Signature							

Name and Signature

Name and Signature

Declarations

**Date and Time Stamping**