



MCB FUNDS
Investments for Life

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 بنائیے 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۔

SPECIAL REQUEST FORM (FOR INDIVIDUALS ONLY) V-2023/12/21

Date			
1. Unit Holder's Details			
Title of Account			
Investor Registration Number		CNIC/NICOP/Passport No.	
2. Change in Bank Account Details			
Please <input type="checkbox"/> Add <input type="checkbox"/> Remove my/our below mentioned bank details (if no option is selected bank details will be added if not already exist)			
Bank Account Title		Bank Name	
Branch Name & Address		City	
IBAN			
NOTE: With respect to: ADDITION: (i) Newly added bank account will be made default for all future redemption and dividend payments after successful title verification REMOVAL: (i) It is mandatory to have atleast 01 bank account details present in the account profile and removal request will be declined if this requirement is not met (ii) In case of multiple bank accounts, if default account is removed the latest entry from remaining accounts will be set as default for all future redemption and dividend payments.			
3. Change in Profit Payment Frequency – In Case Of Income Units Only (Please tick (✓) the appropriate box)			
Please change my profit payment frequency to: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually			
4. Change in Dividend Distribution Instructions (Please tick (✓) the appropriate box)			
<input type="checkbox"/> Reinvest <input type="checkbox"/> Encash			
5. Change in Joint Holder Share Percentage for Withholding Tax Deduction (in case of joint account)			
Principal Applicant	Joint Holder No. 1	Joint Holder No. 2	Joint Holder No. 3
Name:	Name:	Name:	Name:
CNIC/ NICOP/ Passport No.	CNIC/ NICOP/ Passport No.	CNIC/ NICOP/ Passport No.	CNIC/ NICOP/ Passport No.
Share Percentage*:	Share Percentage*:	Share Percentage*:	Share Percentage*:
* This Share Percentage is required for the purpose of withholding tax deduction on Dividend. If share percentage is not defined, share percentage will be equally distributed.			
6. Declaration and Signatures			
I/We, the undersigned, hereby declare that I/We have read and understood the relevant Trust Deed(s), Offering Document(s) and Supplemental Offering Document(s) that govern this request and all information provided in this Form is correct to the best of my/our knowledge and belief. 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. I/We hereby allow the Management Company to verify my/our bank account number(s) through independent sources. I/We will not hold the Management Company liable or responsible in any manner.			
CURRENT PRINCIPAL APPLICANT'S SIGNATURE/ LEFT HAND THUMB IMPRESSION (MALE)/ RIGHT HAND THUMB IMPRESSION (FEMALE)	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 MCBIM AND TWO ADULT MALE WITNESSES SHALL BE REQUIRED. A PASSPORT SIZE PHOTOGRAPH WILL ALSO BE OBTAINED FROM SUCH INVESTOR.		
	BRANCH MANAGER ATTESTATION	WITNESSES (ADULT MALE PERSONS ONLY)	
		NAME: _____	NAME: _____
		CNIC: _____	CNIC: _____
		SIGNATURE: _____	SIGNATURE: _____
7. Joint Holder(s)		Signature(s)	
(a) Name:			
(b) Name:			
(c) Name:			
(d) Name:			
8. Investment Facilitator / Distribution Details (For Office Use Only)			
Distributor/Facilitator Name		Code	
Branch Name		City	
			Distributor's Stamp with Date and Time
9. Registrar Details (For Office 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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