

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

Date									
1. Unit Holder's Details									
Title of Account									
Investor Registration Number					NTN/ Registration Number				
2. Change in Contact Details									
Office/ Business Address									
					City		Country		
Telephone No.		Off.			Ext.				
Contact Person Email Address					Contact Person Mobile No.				
3. Change in Statement of Account Delivery Instructions									
Please select any ONE nature of correspondence as per your convenience									
<input type="checkbox"/> By Email (Statement of Account will be sent on transactions, Monthly and Semi Annually) OR <input type="checkbox"/> By Post (Statement of Account will be sent on transactions and Semi Annually)									
NOTE: If Both options are selected, Statement of Account will be sent Semi Annually through email and if email is not available, statement will be sent through Post. The Company may charge fee for physical statement subject to the requirements of the Constitutive Documents of the Scheme.									
4. 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.									
5. Change in Dividend Distribution Instructions (Please tick (✓) the appropriate box)									
<input type="checkbox"/> Reinvest <input type="checkbox"/> Encash									
6. Change in Authorized Signatories									
Addition/ Deletion of Authorized Signatory									
(a) Is Board of Directors'/ Trustees'/ Members' Resolution attached?					Yes <input type="checkbox"/> No <input type="checkbox"/>				
Addition of Authorized Signatory									
(b) Is specimen signature of newly added Authorized Signatory attached?					Yes <input type="checkbox"/> No <input type="checkbox"/>				
(c) Is certified copy of unexpired CNIC of newly added Authorized Signatory attached?					Yes <input type="checkbox"/> No <input type="checkbox"/>				
Please add/remove the following authorized signatories in/from your record:									
Name		Please tick (✓) the appropriate box		CNIC/NICOP/Passport No.				Signature(s)	
1)		<input type="checkbox"/> Add <input type="checkbox"/> Remove							
2)		<input type="checkbox"/> Add <input type="checkbox"/> Remove							
3)		<input type="checkbox"/> Add <input type="checkbox"/> Remove							
7. 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 bank account number(s) of my/our Institution through independent sources. I/We will not hold the Management Company liable or responsible in any manner.									
INSTITUTIONAL INVESTOR (COMPANY STAMP)		AUTHORIZED SIGNATORIES						SIGNATURE(S)	
		(a) Name:							
		(b) Name:							
		(c) Name:							
		(d) Name:							
8. Investment Facilitator / Distribution Details (For Office Use Only)									
Distributor/Facilitator Name					Code		Distributor's Stamp with Date and Time		
Branch Name					City				
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				