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۔

# TRANSFER OF UNITS FORM "F-1"

NO. F-1/MA-0001

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

## 1) Transferor Details

| | | | |
|---|---|---|---|
| Name of Transferor | | | |
| Investor Registration No. | | CNIC/NTN No. | |

## 2) Transferee Details (Transferee must have an investor account with the Management Company)

| | | | |
|---|---|---|---|
| Name of Transferee | | | |
| Investor Registration No. | | CNIC/NTN No. | |
| Postal Address | | | |
| Telephone (Residence) | | Telephone (Office) | |
| Mobile Number | | Email Address | |

## 3) Details of Units to be transferred

| Name of the Fund | Type of Units / Class of Units | No. of Units in figures | OR | Amount in figures (Rs) |
|---|---|---|---|---|
| | | | | |

| | |
|---|---|
| Total Number/Amount of Units in words | |

## 4) Details of Certificate(s) Issued (if any) - Please attached original certificate(s) with this Form

| | | | | | | |
|---|---|---|---|---|---|---|
| Certificate No(s) | | | | | | |
| No. of Units | | | | | | |

## 5) Transferor – Declaration and Signature(s)

I/We, the undersigned, are the registered holder(s) of the above-mentioned Units and would like to transfer such Units to the person (Transferee) mentioned in Section 2 above as per the details mentioned in Section 3. I/We have read and understood the Trust Deed(s), Offering Document(s) and Supplemental Offering Document(s) of the above-mentioned Fund and understand that the transfer of Units would be made under the terms, conditions, rules and regulations as mentioned in these Constitutive Documents. I/We understand that transfer of Units transaction may be subject to 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.

**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) and mobile number(s)through independent sources. I/We will not hold the Management Company liable or responsible in any manner.

| | |
|---|---|
| Transferor's Signature (Company Stamp in case of Institution) | |
| Joint Transferor(s) / Authorised Signatories | Signature(s) |
| 1. Name: | |
| 2. Name: | |
| 3. Name: | |

## 6) Transferee – Declaration and Signature(s)

I/We, the undersigned, have read and understood the Trust Deed(s), Offering Document(s) and Supplemental Offering Document(s) of the above-mentioned Fund and understand that the transfer of Units would be made under the terms, conditions, rules and regulations as mentioned in these Constitutive Documents. I/We shall be responsible to pay all applicable duties and taxes (if any) incurred in relation to such transfer of Units.

| | |
|---|---|
| Transferee's Signature (Company Stamp in case of Institution) | |
| Joint Transferee(s) / Authorised Signatories | Signature(s) |
| 1. Name: | |
| 2. Name: | |
| 3. Name: | |

## 7) Witnesses (Witnesses should be two (2) adult male persons)

| | | | |
|---|---|---|---|
| Name | | Name | |
| CNIC No. | - - | CNIC No. | - - |
| Signature | | Signature | |

## 8) Investment Facilitator / Distributor Details (For Official Use Only)

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

## 9) 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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