MCB FUNDS
Investments for Life

TRANSMISSION AND MERGER FORM "J-1"

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۔

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

1) INVESTOR DETAILS

Title of Investor Account			
Investor Account Number		CNIC / NICOP / Passport No.	- -

2) TRANSMISSION OF UNITS

I/We, the undersigned, being the legal successor(s) of deceased Mr./Mrs./Ms._____ (Investor Account No. _____), request the Management Company to register and transfer below -mentioned Units of the deceased into my/our Investor Account mentioned in Section-1 above. I/We have attached the legal documents of succession with this Form and I/We understand that the transmission of Units shall be made in accordance with the requirements of the constitutive documents of the below -mentioned Fund.

Name of the Fund			
Type of Units		Class of Units	
Total Number of Units	In figures		
	In words		

Details of Certificates attached (if already issued)

Certificate No.					
No. of Units					

Notes: (a) Successor(s) shall be required to open investor account(s) with the Management Company for transmission of Units. (b) If Unit Certificates have been issued then all Unit Certificates should be attached with this Form. (c) All legal documents of succession should be submitted with this Form. Successors are advised to get information from the Investment Facilitator/Distributor about required legal documents .

3) MERGER OF ACCOUNTS OF SAME INVESTOR

I/We, the undersigned, request the Management Company to merge all my/our Units held in below -mentioned Investor Accounts into Investor Account mentioned in Section-1 above. I/We understand that the merger of accounts shall be made in accordance with the requirements of the constitutive documents of the below -mentioned Fund(s).

Account No.	Title of Account	Name of the Fund	Certificate No. (if already issued)	No. of Units	Type & Class of Units

4) SIGNATURES

Principal Applicant's Signature / Company Stamp (in case of Institutions)	Signature / Company's Stamp
Authorized Signatories/ Joint Holder(s) Name	Signature(s)
(a)	Signature
(b)	Signature
(c)	Signature
(d)	Signature

5) INVESTMENT FACILITATOR / DISTRIBUTOR DETAILS (FOR OFFICIAL USE ONLY)

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

6) 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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