

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				
1. Unit Holder's Details				
Title of Account				
Investor Registration Number		CNIC/NICOP/Passport No.		
2. Issuance of Unit Certificate(s)				
Please issue _____ number of Unit Certificate(s) as per the following details:				
Name of the Fund		No. of Units		Type of Units
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<ul style="list-style-type: none"> - Unit Certificate(s) will be issued only if requested and on payment of charges as mentioned in the Offering Document of the respective Fund(s). - If the Unit Holder wants to have Unit Certificates of specific denominations then he/she should inform the Transfer Agent about the denomination details through duly signed letter. - Unless indicated by the Unit Holder, minimum number of Certificates will be issued. - Unit Certificate(s) will be dispatched at the registered postal address of the Unit Holder within the specified time as mentioned in the Offering Document(s) of the respective Fund(s). 				
3. Cancellation of Unit Certificate(s)				
<input type="checkbox"/> Please cancel the Certificate Number(s) (attached with this Form) issued under the above-mentioned Investor Registration Number and issue Statement of Account in future.				
4. Splitting/ Consolidation of Unit Certificate(s)				
Please issue new Certificate(s) as per the following details against the Certificate(s) Number(s) _____ (attached with this Form) issued under the above-mentioned Investor Registration Number.				
(1)	(2)	(3)	(4)	(5)
5. Mutilated/ Defaced/ Lost/ Stolen/ Destroyed/ Unit Certificate(s)				
Issue of Certificates against Mutilated or Defaced Certificates				
<input type="checkbox"/> Please issue new Unit Certificate(s) against the attached Mutilated/Defaced Certificate(s) issued under the above-mentioned Investor Registration Number				
Certificate Number(s) of attached Certificate(s) is/are: _____				
Issue of Certificates against Lost/ Stolen or Destroyed Certificates				
<input type="checkbox"/> Please issue new Unit Certificate(s) against the Certificate Number(s) _____ issued under the above-mentioned Investor Registration Number. The above-mentioned Certificates have been lost/ stolen/ destroyed on _____				
<p>Note: In case of lost/ stolen or destroyed Certificate(s), the Unit Holder shall be required to immediately inform the Transfer Agents through duly signed letter. Transfer Agent will let him/her know about necessary formalities (such as submission of indemnity bond, newspaper publication and other requirements depending upon case to case basis which are to be fulfilled by the Unit Holder). After completion of necessary formalities, duplicate Unit Certificate(s) will be dispatched at the registered postal address of the Unit Holder within the specified time as mentioned in the Offering Document(s) of the respective Fund(s).</p>				
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.				
INSTITUTIONAL INVESTOR (COMPANY STAMP)	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: _____	
			CNIC: _____	
			SIGNATURE: _____	
			NAME: _____	
			CNIC: _____	
			SIGNATURE: _____	
7. Authorized Signatories / 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		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		