Redemption Application Form



Day Month Year	Portfolio No.:										
PRINCIPAL ACCOUNT HOLDER Name (as per CNIC) Mr./Mrs./Ms./M/s: Contact No.:											
REDEMPTION DETAILS											
Name of Fund	Unit Type	No. of Units	Amount in Rs.	Amount in Words							
CDS Information: Participat/IAS ID: Client/House/Investor A/c #:											
INSTRUCTION REGARDING REDEMPTION PROCEEDS											
Credit my bank account as per details	my other bank account	(please provide complete	e details)	Others							
provided earlier (default) Bank ad	count number:			(please specify):							
To be sent to my registered address Name of bank and branch:											
 For Name and Type of Funds please refer to the next page. Applicable Zakat/CGT will be deducted from investor's account in addition to the Redemption amount. Redemption can only be made from one fund. However, multiple funds can be listed separately. Attach physical certificates (if issued) at the time of redemption. In case available amount in a fund is less than the amount requested in this form, the entire amount will be redeemed. In case of any change in authorized signatories of Corporate Investors, please attach updated list of signatories. 											
REASON(S) FOR REDEMPTION											
Cash Requirement	Investment in Business Investment in Real Estate										
Performance of the Fund	Services of PQAMCL Others, please specify										
DECLARATION AND SPECIMEN SIGNATU											
I/We hereby confirm that all informations provided in this form are true and correct to the best of my/our knowledge. I/We confirm that the representative of Pak-Qatar Asset Management/distributor has explained the features and risk of the product and I/we have understood these features and risks in which I/we have agreed to Redeem. I/We agree that I/we shall assume sole responsibility for determining the merits or suitability of any and all advice and/or recommendations of Pak-Qatar Asset Management Company Limited before relying on the same to enter into any transaction. I/We will not hold Pak-Qatar Asset Management Company Limited perform that i/we have read the trust Deeds, Offering Documents, Supplemental Trust Deed and Supplemental Offering Documents that govern these Investment transactions. I/We also confirm having the knowledge of applicable load percentages.											
Signature of Principal/Joint Account Holder(s) (rubber stamp in case of Institutional Clients)											



APPLICATION CHECKLIST (To be filled by Sales Officer)										
Phy Phy	vsical Unit Certificate	Redemption R	quest Report of CDC/Broker		of Signatories Other					
	F B 1 1 B		Name and Canature of Dans	uting Bront	e ,					
	Form Received By		Name and Signature of Repo	rting Agent	Signature and	d Stamp of Distributor				
	Order Number									
	Order Number									
	Reporting Date		Trade Authorized	by	Signature and S	Stamp of Transfer Agent				
					O					
	Order Authorized by	,								
REMA	RKS:									
GUID	LINES									
General Instructions										
1. 2.			DCK LETTERS and write with a ball	pen.						
3.										
	Account Holder Informat									
4.			Passport No. should be clearly ment							
5.	· · · · · · · · · · · · · · · · · · ·	ficate(s) (if issued), 1	then original Physical Certificate(s)	must be attached with	the Fund Redemption Form	alongwith certificate number(s) clearly				
	mentioned in the form. CDS Account Details:									
6.		(if any), CDS Reden	nption Request (duly signed and stan	ped) must be attached	with Redemption Form along	with complete CDS details.				
7.			has not been submitted. (CZ-50)							
8.		licable as per constit	utive documents of the funds / plan							
9.	Redemption Details:	oso to specify the re-	domption in terms of Ruppes or Unit	Eor redemption of all I	Inits places simply write the w	vord "All" in the number of units column.				
· · ·	Payment Instructions:	use to specify the re-	demption in terms of Rupees of Onit		mits please simply write the w					
10.										
	discrepancy in the bank details, payment will be made through cross cheque / pay order in the name of principal unit holder.									
11.	Payment of redemption proceeds shall be made within 06 business days after receipt of the form. Queue System:									
12.										
	come first serve basis and	, , ,			5 ***					
13.	Account opening form fo	r inactive accounts								
14	Other Instructions				ata - Farma da arrigador da arrigador da					
14. 15.			rom the specimen signature(s) provi on on behalf of the minor the name (-	III be treated as "Cancelled". Note that the payment shall be made in				
15.	the name of the Guardiar	, .	an on benañ or the minor, the hame (n one guar diali should D	e millen clearly in the IOTH.	Note that the payment shall be made in				
16.	If acknowledgement is not received within six working days, the Unit Holder(s) should immediately contact POAMCL.									



