## **Reinvestment Application Form**





| Day  | Month   |        | Ye  | ear |      |      |      |                     |                                 |                     |  |  |                             |  |  |       |       |     |                | <u> </u> |       |  |      | _     |      |      |      |       |      |       |      |  |      |   |  |  |
|--|---------|--------|-----|-----|------|------|------|---------------------|---------------------------------|---------------------|--|--|-----------------------------|--|--|-------|-------|-----|----------------|----------|-------|--|------|-------|------|------|------|-------|------|-------|------|--|------|---|--|--|
|  |         |        |     |     |      |      |      |                     |                                 |                     |  |  |                             |  |  |       |       |     | Portfolio No.: |          |       |  |      |       |      |      |      |       |      |       |      |  |      |   |  |  |
| PRINCIPAL  | _ ACCOU | NT H   | OLD | ER  |      |      |      |                     |                                 |                     |  |  |                             |  |  |       |       |     |                |          |       |  |      |       |      |      |      |       |      |       |      |  |      |   |  |  |
| Name (as per CNIC)<br>Mr./Mrs./Ms./Ms  |         |        |     |     |      |      |      |                     |                                 |                     |  |  |                             |  |  |       |       |     |                |          |       |  |      |       |      |      |      |       |      |       |      |  |      |   |  |  |
| Contact No.:   |         |        |     |     |      |      |      |                     |                                 |                     |  |  |                             |  |  |       |       |     |                |          |       |  |      |       |      |      |      |       |      |       |      |  |      |   |  |  |
| REDEMPT  | ION-RE  | INVE   | STM | EN  | T DE | ET/  | AILS | 5                   |                                 |                     |  |  |                             |  |  |       |       |     |                |          |       |  |      |       |      |      |      |       |      |       |      |  |      |   |  |  |
| Name of Fund   |         |        |     |     |      |      |      |                     | Туре                            |                     |  |  | Redemption<br>Amount in Rs. |  |  |       |       |     |                |          |       | Amount in Words                        |      |       |      |      |      |       |      |       |      | Reinvestment Amount in Rs. (Official Use Only) |      |   |  |  |
|  |         |        |     |     |      |      |      |                     |                                 |                     |  |  |                             |  |  |       |       |     |                |          |       |  |      |       |      |      |      |       |      |       |      |  |      |   |  |  |
| <ul> <li>NOTE:</li> <li>For Name and Type of Funds please refer to the next page.</li> <li>Applicable Zakat/CGT will be deducted from investor's account in addition to the redemption amount.</li> <li>Redemption proceeds will be Reinvested in the same type of account.</li> <li>Attach physical certificates (if issued) at the time of redemption.</li> <li>In case available amount in a fund is less than the amount requested in this form, the entire amount will be redeemed.</li> <li>In case of any change in authorized signatories of Corporate Investors, attach updated list of signatories.</li> </ul> DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(s) I/We hereby confirm that all informations provided in this form are true and correct to the best of my knowledge. I also confirm having read and understood the Trust Deeds, Off Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern the transaction further acknowledge understanding of the risks involved in mutual funds. |         |        |     |     |      |      |      |                     |                                 |                     |  |  |                             |  |  | ering |       |     |                |          |       |  |      |       |      |      |      |       |      |       |      |  |      |   |  |  |
|  |         |        |     |     |      |      |      |                     |                                 |                     |  |  |                             |  |  |       |       |     |                |          |       |  |      |       |      |      |      |       |      |       |      |  |      |   |  |  |
| Signature of Principal/Joint Account Holder(s) (rubber stamp in case of Institutional Clients)   |         |        |     |     |      |      |      |                     |                                 |                     |  |  |                             |  |  |       |       |     |                |          |       |  |      |       |      |      |      |       |      |       |      |  |      |   |  |  |
| APPLICAT   | ION CHI | ECKL   | IST |     |      |      |      |                     |                                 |                     |  |  |                             |  |  |       |       |     |                |          |       | (To be filled by Sales Representative) |      |       |      |      |      |       |      |       |      |  |      |   |  |  |
| ☐ Physical Unit Certificate  |         |        |     |     |      |      |      |                     |                                 | List of Signatories |  |  |                             |  |  |       |       |     |                |          | Other |  |      |       |      |      |      |       |      |       |      |  |      |   |  |  |
|  |         |        |     |     | F    | Forr | n Re | eceiv               | ved                             | Ву                  |  |  |                             |  |  |       |       |     |                |          |       |  |      |       | Sig  | natu | re a | nd S  | tan  | np of | Dis  | strib  | utor | • |  |  |
|  | Report  | ing Da | ite |     |      |      |      |                     | Name and Signature of Reporting |                     |  |  |                             |  |  |       | g Age | ent |                |          |       |  |      |       |      |      |      |       |      |       |      |  |      |   |  |  |
|  |         |        |     |     |      |      |      |                     |                                 |                     |  |  |                             |  |  |       |       |     |                |          |       |  |      |       |      |      |      |       |      |       |      |  |      |   |  |  |
| Order Authorized by  |         |        |     |     |      |      |      | Trade Authorized by |                                 |                     |  |  |                             |  |  |       |       |     |                |          |       | Sig                                    | natı | ıre a | nd S | tam  | p o  | f Tra | ınsf | er A  | gent | :  |      |   |  |  |
|  |         |        |     |     |      |      |      |                     |                                 |                     |  |  |                             |  |  |       |       |     |                |          |       |  |      |       |      |      |      |       |      |       |      |  |      |   |  |  |
| REMARKS:   |         |        |     |     |      |      |      |                     |                                 |                     |  |  |                             |  |  |       |       |     |                |          |       |  |      |       |      |      |      |       |      |       |      |  |      |   |  |  |

