

Transfer/Transmission of Units Form

FUND NAME: _____

All required information/documents should be attached to this form (Please get information from Registrar/Distributor)

INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER									
Name: Mr./Mrs./Ms./M/s						NIC No. _____			
						Portfolio			
IF CERTIFICATES HAVE NOT BEEN ISSUED INDICATE NUMBER OF UNITS FOR CHANGE IN INVESTOR PARTICULARS									
Details of Certificates Attached (If any)									
Certificate Numbers	1		3		5		7		9
	2		4		6		8		10
DETAILS OF UNITS PROCESSING REQUESTS									
TRANSMISSION			TRANSFER OF UNITS			DELETION OF NAME			MERGER
New account opening form to be filled by the beneficiaries/successors									

TRANSMISSION									
I/We the undersigned being the beneficiaries/successors request you to register me/us as Holder(s) of the above units/certificates now registered under above Registration Number in the name of the above deceased/insolvent. I/We do hereby agree to accept and take the said Units subject to the same conditions on which they were held herein before.									
I/We do hereby authorized you to recover the fees and charges by encashing the units of the equivalent value.									

SPECIMEN SIGNATURES									
1	2	3	4	5					
New account opening form to be filled by the Transferee									

TRANSFER OF UNITS									
I/We the undersigned being the holder(s) of the above certificates registered under above Registration Number do hereby Transfer the said Units to the hereinafter named Transferee(s) to hold subject to the same conditions on which I/We hold them at the date. I/We do hereby authorized you to recover the fees and charges by encashing the units of the equivalent value.									

SPECIMEN SIGNATURES: Transferor(s)									
1	2	3	4	5					
I/We the said Transferee(s) do hereby agree to accept and take the said Units subjects to the same condition on which they were held by the said Transferor(s)									

SPECIMEN SIGNATURES: Transferee									
1	2	3	4	5					

DELETION OF NAME									
I/We the undersigned being the holder(s) of the above units/certificates registered under above Registration Number do hereby inform that									
Mr./Ms.....has expired on.....and request you to kindly delete his/her name from the above certificates.									
I/We do hereby authorise you to recover the fees and charges by encashing the units of the equivalent value.									

SPECIMEN SIGNATURES									
1	2	3	4	5					

MERGER									
I/We the undersigned being the holder(s) of the above units/certificates registered under different Registration Number do hereby request that all the Certificates shall be merged under the above Registration Number.									

SPECIMEN SIGNATURES:									
1	2	3	4	5					

FOR OFFICIAL USE ONLY

FACILITATOR INFORMATION			
Facilitator Name	Facilitator Code	Remarks/Instructions from Facilitator	Signature of Facilitator

FOR TRANSFER AGENT USE ONLY			
Account # Verified By	Certificates Verified and Defaced By	Required Documents Verified By	Date Input By

DISTRIBUTOR INFORMATION			
Distributor Name	Distributor Code	DC Transaction Serial No.	Transaction Date
Received the Units Certificates Total In Numbers		Name of Authorized Person at Distribution Centre	Authorized Signature
Certificates	Units		
		Remarks	

FOR TRANSFER OF UNITS REQUESTS

Following checkings have been performed with respect to the attached unit transfer request:

1. General Requirements

S. No.	Requirements	Please tick (✓)
1	Completely filled and signed Unit Transfer form has been received and attached	
2	Signed Request letter for unit transfer has been received and attached	
3	Copies of valid CNICs for transferor and transferee has been received and attached	

2. Requirements for Deceased Case

S. No.	Requirements (as per Deceased Policy)	Please tick (✓)
1	Joint written request from all legal heirs requesting redemption has been received and attached	
2	An attested copy of the death certificate (NADRA) of the deceased unit holder	
3	Affidavit-cum-indemnity from all the legal heirs	
4	Personal guarantee of two individuals	
5	Notice in Newspaper	
6	Succession Certificate (if amount is greater than Rs. 500,000/-)	
7	Attested CNIC copies of legal heirs	

3. Customer Account Verification (tick (✓) where appropriate)

S. No.	For Transferor:	For Transferee:
1	Valid email address is updated in our records	Valid email address is updated in our records
2	Valid cell# is updated in our records	Valid cell# is updated in our records
3	Zakat declaration has been obtained	Zakat declaration has been obtained
4	Valid updated bank account details are available in our records	Valid updated bank account details are available in our records
5	Account is not marked unverified for any reason	Account is not marked unverified for any reason
6	CIP Attached (if required)	CIP Attached (if required)

Check list filled by		Checked by	
Name of Staff	Signature	Name of Line Manager	Signature