Transfer/Transmission of Units Form

AM2+
Rated by VIS & PACRA
with Stable Outlook

PAK-QATAR
ASSET MANAGEMENT

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	

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CHECK LIST FOR TRANSFER OF UNITS
(DECEASED/TRANSFER/MINOR TO MAJOR)
TO BE FILLED AND SIGNED BY THE SALES OFFICER AND FRONT DESK STAFF

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PAK-QATAR ASSET MANAGEMENT

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**

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