## **Transfer Form**



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		this Transfer Form (it transferee is not an existing Unit Holder). Exes in relation to the units accquired by him/her.	WE KNUW YOUR VALUE
Fund Name		Date	
Class Units		Folio Number	
Unit Holder Details			
Mr./Mrs./Ms.			
Joint Holder, If Any			
Mr./Mrs./Ms.		Mr./Mrs./Ms.	
Mr./Mrs./Ms.			
For Institution			
Name of Institution			
Transfer Details (Units to be Transfered)			
No. of Unit(s)	In words		
If Certificates Issued (Please lodge original certificates	)		
No. of Certificates	No. of Unit(s)	Type of Unit	
<b>Transferee Details</b> Name of Transferee Mr./Mrs./Ms./Messers	;		
Folio Number	CNIC No. / NTN*		
* In case of an Institution, NTN is required in place of	CNIC		
transferee(s). I/We have read and unders	tood the provisions of the Trust [	ned Units request you to transfer the said Unit(s) to th Deed and Offering Document of the above fund and u is mentioned in the Trust Deed & Offering Document.	
Transferor's Signature		Witness	
	fficial Stamp in case of Institution)	Signature	
Joint Transferor/Authorized Signature(s	,	Name	
Joint Hansteron Authorized Signature(s)	,•	CNIC	
		Address	

Joint Transferor/Authorized Signature(s):	Name	
	CNIC	
	Address	
Date	Witness	
	Signature	
Transferee Signature:	Name	
(Official Stam	np in case of Institution) CNIC	
Date	Address	
For Official Use Only		

For Official Use Only			
Fund Name	Units Tranfered	Date	
Form duly completed Certificates	Surrendered (If Issued)	TR. ID	
Distributor Name	Distributor Code		
Application Processed by	IT Updated on	Signature & Stamp	

Provisional Re	ceipt for T	ransfer o	of Units
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Transferred Units	date		received from		(name of Transferor)
Units of Fund		and		certificates (if issued) ha	ave been duly returned.

Signature & Stamp