

Please ensure that your application form/cheque is completely filled and signed before handing it over to our representative. We will notify you through email and SMS upon receipt of the application form.

علی مہر بانی اس بات کو یقینی بنایۓ کہ آپ کا درخواست فارم / چیک ہمارے نما کندے کو دینے سے قبل مکمل طریقے سے پُر اور دستخطاشدہ ہو. درخواست فارم موصول ہونے پر ہم آپ کو بذریعہ ای میل اور ایس ایم ایس مطلع کریں گے۔

## TRANSFER OF UNITS FORM "F-1" NO. F-1/MA-0001

| Date:   |  |            |   |            |                      |              |  |            |              | Ple      | ase w     | rite i  | n block  | lette   | ers us    | ing b  | lack  | ink   |  |  |
|---|--|------------|---|------------|----------------------|--------------|--|------------|--------------|----------|-----------|---------|----------|---------|-----------|--------|-------|-------|--|--|
| 1) Transferor Details   |  |            |   |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| Name of Transferor  |  |            |   |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| Investor Registration No.   |  | $\top$     |   |            | CNIC/N               | TN No        |  |            |              | $\top$   |           |         |          | T       | $\top$    | T      |       | T     |  |  |
| 2) Transferee Details (Transfer   | oo must h  | ave an ir  | nvoetor   | . accoun   |                      |              | nt Com                                 | nany)      |              |          |           |         |          |         |           |        |       |       |  |  |
|   | ce must n  | ave an ii  | ivestoi   | accoun     | t with the iv.       | ianageme     | nt Com                                 | рацу)      |              |          |           |         |          |         |           |        |       |       |  |  |
| Name of Transferee  |  |            |   |            |                      |              |  |            |              |          |           |         |          | _       |           | 1      |       |       |  |  |
| Investor Registration No.   | ur la  |            |   | 6 8        | CNIC/N               | IN No.       |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| Postal Address  |  |            |   |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| T-lk (Dkl)  | 1000 E   |            |   |            |                      |              | C-11                                   | (0.66      | >            |          |           |         |          |         |           |        |       |       |  |  |
| Telephone (Residence)   |  |            |   | ne (Offi   |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| Mobile Number   |  | Email      | Addres  | S          |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| 3) Details of Units to be transfer  | 21   |            |   |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| Name of the   | nits   |            | No. of Units in figures OR Amount in figures (Rs) |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
|   |  |            |   |            | Class of U           | nits         |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
|   |  |            |   |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| Total Number/Amount of Units  | in words   |            |   | i i        |                      |              | io .                                   |            |              |          |           |         |          |         |           |        |       |       |  |  |
|   |  |            | 44 1  | 1          | 1 4:0: 4             | () -1/1      | o e                                    |            |              |          |           |         |          |         |           |        |       |       |  |  |
| 4) Details of Certificate(s) Issued   | u (II any)   | - Please a | анаспе  | ea origin  | ai certificat        | e(s) with    | inis For                               | m          |              |          |           |         |          |         |           |        |       |       |  |  |
| Certificate No(s) No. of Units  |  |            |   |            |                      |              |  |            |              |          |           |         |          | +       |           |        |       |       |  |  |
| 5) Transferor – Declaration and   | Signatur   | .e(z)      |   |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| I/We, the undersigned, are the reg  |  | 100.00     | f the ab  | ove-men    | tioned Units         | and woul     | d like to                              | transfer   | such U       | nits to  | the ne    | erson ( | Transfe  | eree)   | mentic    | oned i | n Sec | etion |  |  |
| 2 above as per the details mention  | ned in Sec   | tion 3. I/ | We hav  | ve read a  | nd understo          | od the Tru   | st Deed                                | (s), Offe  | ring Do      | cumei    | nt(s) ar  | nd Suj  | pplemei  | ıtal O  | Offerin   | g Doo  | ume   | nt(s) |  |  |
| of the above-mentioned Fund and understand that the transfer of Units would be made under the terms, conditions, rules and regulations as mentioned in these Constitutives Documents. I/We understand that transfer of Units transaction may be subject to capital pain tax in accordance with the requirements of Income Tax |  |            |   |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| Constitutive Documents. I/We understand that transfer of Units transaction may be subject to capital gain tax in accordance with the requirements of Income Tax Ordinance, 2001 applicable in Pakistan and the directives issued by Federal Board of Revenue (FBR) from time to time.   |  |            |   |            |                      |              |  |            |              |          | lax       |         |          |         |           |        |       |       |  |  |
| I/We understand that the Management Company reserves the right to obtain identity verification services (Biometric/NADRA Verisys) from NADRA to confirm my/our  |  |            |   |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| identification document(s). I/We hereby allow the Management Company to confirm my/our identity using identity verification services of NADRA. I/We will not hold the Management Company liable or responsible in any manner.   |  |            |   |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| I/We hereby allow the Management Compa  |  |            |   | t number(s | ) and mobile nu      | ımber(s)thro | ugh indepe                             | endent sou | rces. I/We   | will not | t hold th | e Mana  | gement C | ompar   | ıy liable | or res | onsib | le in |  |  |
| any manner.  Transferor's Signature   |  |            |   |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| (Company Stamp in case of Inst  |  |            |   |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| Joint Transferor(s) / Authorised Signatories  |  |            |   |            |                      |              |  |            | Signature(s) |          |           |         |          |         |           |        |       |       |  |  |
| 1. Name:  |  |            |   |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| 2. Name:  |  |            |   |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
|   |  |            |   |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| 3. Name:  |  |            |   |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| 6) Transferee – Declaration and   | Signatur   | e(s)       |   |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| I/We, the undersigned, have read  |  |            |   |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| understand that the transfer of Unresponsible to pay all applicable d   |  |            |   |            |                      |              |  |            | mentio       | ned in   | these     | Const   | itutive  | Docu    | ments     | . I/W  | e sha | II be |  |  |
| Transferee's Signature  |  |            |   |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| (Company Stamp in case of Inst  |  | 2):        |   |            |                      |              |  |            |              |          |           | ~-      |          |         |           |        |       |       |  |  |
| Joint Transferee(s) / Authorised  |  |            |   |            |                      | Signa        | ture(s)                                |            |              |          |           |         |          |         |           |        |       |       |  |  |
| 1. Name:  |  |            |   |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| 2. Name:  |  |            |   |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| 3. Name:  |  |            |   |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| 7) Witnesses (Witnesses should  | be two (2)   | adult m    | ale pei   | rsons)     |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| Name  |  |            |   |            |                      | Name         |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| CNIC No.  |  |            |   |            | _                    | CNIC         | No.                                    |            |              |          | _         |         | - A      |         |           | $\top$ | -     | T     |  |  |
|   |  |            |   |            |                      |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| Signature   |  |            |   |            |                      | Signat       | ure                                    |            |              |          |           |         |          |         |           |        |       |       |  |  |
| 8) Investment Facilitator / Distr   | ibutor De  | tails (Fo  | r Offic   | ial Use (  | Only)                |              |  |            |              |          |           |         |          |         |           |        |       |       |  |  |
| Distributor/Facilitator Name  |  |            |   |            |                      | Cod          | 100                                    |            |              |          |           |         |          |         | tor's S   | -      |       |       |  |  |
| Branch Name   |  |            |   |            |                      | City         |  |            |              |          |           |         | wit      | n dat   | te and    | ume    |       |       |  |  |
| 9) Registrar Details (For Officia   | l Use Onl  | M200       |   |            |                      |              |  |            |              |          | Ţ         | 1.0     |          |         |           |        |       |       |  |  |
| Date and Time Stamping  | Form received by                                   |            |   |            |                      |              | Name and Signature  Name and Signature |            |              |          |           |         |          |         |           |        |       |       |  |  |
| Date and Time Stamping  | Date, Form and Attachments verified  Data input by |            |   |            |                      | neu by       | Name and Signature  Name and Signature |            |              |          |           |         |          |         |           |        |       |       |  |  |
|   |  | Data III   | pat by  |            | INVESTMENT           | MANACE       | MENIT ! IS                             | VITED      |              | 1        | THE P     | anu D   | -Snatul  | 16.00 m |           |        |       |       |  |  |
| MCD FLINIDG   |  |            |   | IVICE      | I VI V CO I IVIEIV I | IVIAIVAUE    | AILIAI FII/                            | VILLED     |              |          |           |         |          |         |           |        |       |       |  |  |