

CHANGE IN ACCOUNT DETAILS FORM (FOR INDIVIDUALS ONLY) V-2023/12/21

Date									
<b>1. Unit Holder's Details</b>									
Title of Account*									
Investor Registration Number* CNIC/NICOP/Passport No.									
<b>2. Change in Contact Details</b>									
Residential Address									
City									
Country									
Office/ Business Address									
City									
Country									
Mailing Address (select one) <input type="checkbox"/> Residential Address OR <input type="checkbox"/> Office/Business Address									
NOTE: If no option is selected, residential address will be considered as mailing address.									
Telephone No. Res. Off. Ext.									
Email Address Mobile No.									
<b>3. Change in Statement of Account Delivery Instructions</b>									
Please select any ONE nature of correspondence as per your convenience									
<input type="checkbox"/> By Email (Statement of Account will be sent on transactions, Monthly and Semi Annually) OR <input type="checkbox"/> By Post (Statement of Account will be sent on transactions and Semi Annually)									
NOTE: If Both options are selected, Statement of Account will be sent Semi Annually through email and if email is not available, statement will be sent through Post. The Company may charge fee for physical statement subject to the requirements of the Constitutive Documents of the Scheme.									
<b>4. Change in Account Operating Instructions (Please tick (✓) the appropriate box)</b>									
Please change my account operating instructions to:									
Principal Applicant Only <input type="checkbox"/> Jointly (Any two) <input type="checkbox"/> Either or Survivor <input type="checkbox"/> All Joint Holders <input type="checkbox"/> Others (Please specify) _____									
<b>5. Declaration and Signatures</b>									
I/We, the undersigned, hereby declare that I/We have read and understood the relevant Trust Deed(s), Offering Document(s) and Supplemental Offering Document(s) that govern this request and all information provided in this Form is correct to the best of my/our knowledge and belief.									
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 Company to verify my/our mobile number(s) through independent sources. I/We will not hold the Management Company liable or responsible in any manner.									
CURRENT PRINCIPAL APPLICANT'S SIGNATURE/ LEFT HAND THUMB IMPRESSION (MALE)/ RIGHT HAND THUMB IMPRESSION (FEMALE)									
IN CASE OF INVESTOR HAVING THUMB IMPRESSION OR UNSTABLE/SHAKY/IMMATURE SIGNATURE, ATTESTATION OF GAZETTED OFFICER (BPS-17 AND ABOVE)/ BRANCH MANAGER OF THE BANK/ NOTARY PUBLIC/ AUTHORIZED OFFICER OF THE MCBIM AND TWO ADULT MALE WITNESSES SHALL BE REQUIRED. A PASSPORT SIZE PHOTOGRAPH WILL ALSO BE OBTAINED FROM SUCH INVESTOR.									
BRANCH MANAGER ATTESTATION									
WITNESSES (ADULT MALE PERSONS ONLY)									
NAME: _____									
CNIC: _____									
SIGNATURE: _____									
SIGNATURE: _____									
<b>6. Joint Holder(s)</b>									
Signature(s)									
(a) Name:									
(b) Name:									
(c) Name:									
(d) Name:									
<b>7. Investment Facilitator / Distribution Details (For Office Use Only)</b>									
Distributor/Facilitator Name									
Code									
Branch Name									
City									
Distributor's Stamp with Date and Time									
<b>8. Registrar Details (For Office use only)</b>									
Form Received by									
Date, Form and attachments verified by									
Data input by									
Name and Signature									
Name and Signature									
Name and Signature									