

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.

برائے مہربانی اس بات کو یقینی بنائیے کہ آپ کا درخواست فارم / چیک ہمارے نمائندے کو دینے سے قبل مکمل طریقے سے پُر اور دستخط شدہ ہو۔ درخواست فارم موصول ہونے پر ہم آپ کو بذریعہ ای میل اور ایس ایم ایس مطلع کریں گے۔

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| Date: | | | | | | | | | | Please write in block letters using black ink | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1) Principal Applicant's Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title of Account | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Investor Registration Number | | | | | | | | | | | | CNIC/NICOP/Passport No. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2) Redemption Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please fill either No. of Units OR Amount. In case both are filled, amount will be considered for redemption | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Fund / Investment Plan | | | | | | | | Type of Units | | Class of Units | | No. of Units | | OR | | Amount | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | In Figures (Rs) | | | | | | In Words | | | | | | | | | | | | | | | |
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| (a) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (b) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Certificates Issued | | | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes, Certificate No. _____ is/are attached with this Form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CDS Account Details | | | | | | Participant ID/IAS ID | | | | | | | | | | Client/House/Investor Account No. | | | | | | | | | | | | | | | | | | | | | |
| NOTE: Proceeds against this redemption request will be deposited into already available bank account details updated under Investor Registration Number mentioned above. For any change/update in bank account details, a Special Request Form E-1 is required. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3) Declaration and Signatures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>I/We, the undersigned, hereby declare that:</p> <p>(a) I/We understand that the redemption of units will be made in accordance with the term and conditions as mentioned in the Constitutive Documents of the Fund;</p> <p>(b) I/We understand that redemption proceeds may be subject to deduction of 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; and</p> <p>(c) I/We understand that once the redemption request has been received by the Investment Facilitator/ Distributor, it cannot be cancelled.</p> <p>(d) I/We understand that transaction request received within Cut-Off Timings of the Business Day will be processed at the price of the Scheme applicable on that Business Day. Transaction request received after Cut-Off Timings of the Business Day or on a non-business day, will be processed at the price of the Scheme applicable on the next Business Day. I/We have seen the Cut-Off Timings of the Scheme available at the download section of the website (www.mcbfunds.com).</p> <p>(e) 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.</p> <p>(f) I/We hereby allow the Management Company to verify my/our bank account number(s) and mobile number(s) through independent sources. I/We will not hold the Management Company liable or responsible in any manner.</p> <p>(g) I/We understand that redemption will be processed based on available holdings at the time of submission of redemption form (excluding any pending / unexecuted transactions).</p> <p>(h) I/We understand that Pledge / Certificate / CDS units will only be redeemed if required documents are attached.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Institutional Investor | | | | | | Individual Investor | | | | | | 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. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Stamp | | | | | | Principal Applicant's Signature / Left Hand Thumb Impression | | | | | | Attestation of Branch Manager | | | | | | Witnesses (Adult Male Persons only) | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | Name: _____ | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | CNIC: _____ | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | Signature: _____ | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Name: _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | CNIC: _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Signature: _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorized Signatories/Joint Holder(s) | | | | | | | | | | | | | | | | | | Signature(s) | | | | | | | | | | | | | | | | | | | |
| (a) Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (b) Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (c) Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (d) Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4) Investment Facilitator / Distributor Details (For Official Use Only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Distributor/Facilitator Name | | | | | | | | | | | | | | | | Code | | | | | | Distributor's Stamp with date and time | | | | | | | | | | | | | | | |
| Branch Name | | | | | | | | | | | | | | | | City | | | | | | | | | | | | | | | | | | | | | |
| 5) Registrar Details (For Official Use Only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date and Time Stamping | | | | Form received by | | | | | | | | Name and Signature | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Date, Form and attachments verified by | | | | | | | | Name and Signature | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Data input by | | | | | | | | Name and Signature | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div><div><div><div></div><div>MCB FUNDS</div><div>Investments for Life</div></div></div></div> | | | | | | | | | | <div>MCB INVESTMENT MANAGEMENT LIMITED</div> <div>Head Office: 2nd Floor, Adamjee House, I.I. Chundrigar Road, Karachi</div> <div>UAN: (+92-21) 111 468 378 (111 INVEST)</div> <div>URL: www.mcbfunds.com, Email: info@mcbfunds.com</div> | | | | | | | | | | | | | | | | | | V-2024/12/23 | | | | | | | | | |