MCB FUNDS
Investments for Life

EARLY REDEMPTION REQUEST FORM

FORM - VPS - 07

Please ensure that your application form 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 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۔

PAKISTAN PENSION FUND ☐
ALHAMRA ISLAMIC PENSION FUND ☐

Date:	Please write in block letters using black ink

Section 1 - Participant's Details

Participant's Name			
Registration Number		NTN No.	

Distinctive Account Number						-								-		-	0	1

Section 2 - Early Redemption Information

Unit Type (If no/incorrect unit Type is selected, unit as per statement of account will be redeemed)	**Amount to be redeemed (Rupees)**	
	In Figures	**In Words**
☐ **Provident Fund**		
☐ **Non Provident Fund**		
☐ **Income Payment Plan**		

Section 3 - Details of Tax (Mandatory Incase of Non Provident Fund Unit Type)

Copy of the Last Three Years' Income Tax Returns for Tax Rate Calculation (Attached)	Yes		No	
Total Tax Paid or Payable for Three Preceding Tax Years	Rs.			
Total Taxable Income for Three Preceding Tax Years	Rs.			

Section 4 - Declaration and Signatures

I, the undersigned, hereby declare that:

(a) I understand that this early redemption request will be processed in accordance with the term and conditions as mentioned in the Constitutive Documents of the Fund;

(b) I understand that redemption proceeds may be subject to deduction of with holding 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;

(c) I understand that once the early redemption request has been received by the Investment Facilitator/ Distributor, it cannot be cancelled;

(d) I understand that transaction request received within Cut-Off Timings of the Business Day will be processed at the price of the Fund 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 Fund applicable on the next Business Day. I have seen the Cut-Off Timings of the Funds available at the download section of the website (www.mcbfunds.com);

(e) I understand that the Pension Fund Manager reserves the right to obtain identity verification services (Biometric/NADRA Verisys) from NADRA to confirm my identification document(s). I hereby allow the Pension Fund Manager to confirm my identity using identity verification services of NADRA. I will not hold the Management Company liable or responsible in any manner; and.

(f) I hereby allow the Pension Fund Manager to verify my bank account number(s) and mobile number(s)through independent sources. I will not hold the Pension Fund Manager liable or responsible in any manner.

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.	
Principal Applicant's Signature / Left Hand Thumb Impression	Attestation of Branch Manager	Witnesses (Adult Male Persons only) Name: _____ CNIC: _____ Signature: _____ Name: _____ CNIC: _____ Signature: _____

Section 5 - Investment Facilitator / Distributor Details (For Official Use Only)

Distributor/Facilitator Name		Code		Distributor's Stamp with date and time
Branch Name		City		

Section 6 - 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

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