

Alfalah Investments

REDEMPTION FORM "C-1"

No. C-1/MA-0001

Date:					Please write in block letters using black ink										
1) Principal Applicant's Det	tory)														
Title of Account															
Investor Registration Number				CNI	C/NICOP	/Passport No.									
2) Redemption Details (Please refer to the instructions on the back side of this Form) (Mandatory)															
Name of the Fund / Investment Plan							No. of Units OR				Amount				
										In Figures (Rs.)	n Figures (Rs.) In Words				
(a)															
(b)															
(c)															
(d)															
Certificates Issued													is/are	,	
3) Payment Instructions		With	ins i on	11.											
I/We would like to receive the redemption amount in the form of a; Crossed Cheque Pay-order Demand Draft Other instruction Registered Address (If Changed) Bank Account Details: Account Title: Bank Name: Branch Address:															
4) Declaration and Signa															
 I/We, the undersigned, hereby declare that: I/We understand that the redemption of units will be made in accordance with the terms and conditions as mentioned in the Constitutive Documents of the Funds; 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. Applicable Zakat/ CGT will be deducted from investor's account in addition to the Redemption amount. I/We understand that once the redemption request has been received by the Investment Facilitator/Distributor, it cannot be cancelled. 															
Institutional Investor							Attestation of B	ranch Ma	ınaş	ger and Witnesses shall be required only in case of					
Company Stamp							Investor with un attestation of Bra		_		re or thumb impression Witnesses (Adult Male Persons only)				
Company Stamp	Left Hand Thumb Impression								, i	Name:					
									-	CNIC:					
									Signature:	Signature:					
									Name:	Name:					
									CNIC:	CNIC:					
	\perp								Signature:						
Authorized Signatories/ Joint Holder(s)											Signature(s)				
(a) Name:															
(b) Name:															
(c) Name:															
(d) Name:															
5) Investment Facilitator		tribut	or Det	ails (I	or Officia	al Use On	ly)	Cal							
Distributor/Facilitator Name Branch Name		Code Distributor's Stamp with date and time						th date							
6) Registrar Details (For	Offic	e Use	Only)					City							
Date and Time Stamping			ived by				Name and Sign	Name and Signature							
	Date, Form and attachments verified by Na						Name and Sign	Name and Signature							
	Data	input	by				Name and Sign	Name and Signature							