



Please write in block letters.

(Form AAML-02)

Transaction Type

- For change in Particulars of Unit Holder(s), please fill section 1, 2 & 5
- For change in Units processing, please fill section 1, 3 & 5
- For change in Certificate Processing, please fill section 1, 4 & 5

Fund Name _____

Account Details – Section 1

Name (Mr./Mrs./Ms./Messers) _____

Registration No. CDC ID CNIC - -

Participant ID Sub-Account House Account IAS Account

For Change in Particulars of Unit Holder(s) – Section 2

Registered Address _____

Contact No. (Home) _____ Contact No. (Off) _____ Mobile No. _____

Fax No. _____ Email _____

Submission of : Zakat Declaration Tax Exemption Note: Please enclose the copy of Declaration and/or Exemption Certificate.

Change in Joint Holder(s)/Authorised Signatories Details (if any)

Deletion

1. Name (Mr./Mrs.) _____ CNIC - -

2. Name (Mr./Mrs.) _____ CNIC - -

Addition

1. Name (Mr./Mrs.) _____ CNIC - -

2. Name (Mr./Mrs.) _____ CNIC - -

Specimen Signature

Specimen Signature

Change in Nominee Details (applicable in case of individuals only)

Deletion

1. Name (Mr./Mrs.) _____ CNIC - -

Addition

1. Name (Mr./Mrs.) _____ CNIC - -

Relationship _____

Authorised Signature

Instruction to Operate Account

Only the Principal Account Holder Principal and All Joint Holders Jointly (Any Two)
 Either or Survivor Others (please specify) _____

Change in Distribution Payout (Bonus / Dividend) (please specify)

Reinvestment of Distribution Encashment of Distribution

Change in Mode Payment – For Redemption/Dividend Mandate

Cheque PO/DD IBFT _____

Change in Bank Account Details

Title of Account _____ Account No.

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IBAN No.

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Bank and Branch Address _____

For Change in Unit Processing – Section 3

Change in Type of Units	From	To
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Regular (Growth)	Entire or Rs. _____ or _____ %	
Systematic Withdrawal (AGIMF)	Entire or Rs. _____ or _____ %	Entire or Rs. _____ or _____ %
Other (Income, etc.)	Entire or Rs. _____ or _____ %	Entire or Rs. _____ or _____ %

Change in Unit Processing

Units: _____ or Rs. _____ or _____ % Certificate No.

1	2	3	4	5
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Transmission I/We the undersigned being the beneficiary(ies)/successor(s) request you to register me/us as holder(s) of the above Units/Certificates now registered under above Registration No. in the name of the above deceased/insolvent.

Deletion (in case of death of Unit Holder)
I/We the undersigned being the holder(s) of the above Units/Certificates registered under above Registration No. do hereby inform that Mr./Ms./Mrs. _____ has expired on _____ and request you to kindly delete his/her/its name from above Units/Certificates.

Transfer of Units
I/We the undersigned being the holder(s) of the above Units/Certificates registered under above Registration No. do hereby authorise to transfer the said Units/Certificates to the hereinafter named Transferee(s) to hold subject to the same conditions on which I/we hold them. The details of Transferee:

Name of Transferee _____

Type of Units	Form of Units															
CDC ID (if applicable) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						Participant ID <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Sub-Account <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
House Account <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						IAS Account <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										

- Note (for Transmission/Transfer of Units):
- Beneficiary(ies)/Successor(s) are required to submit Account Opening and Units Transaction Form i.e. (AAML-01)
 - An Account of Statement will be issued after the completion of transfer of Units to the Beneficiary(ies)/ Successor(s) as proof confirmation.
 - Transmission of Units is not possible in case of Joint Holder(s), however, where no information about Joint Holder(s) is given in the AAML-01 Form, the Beneficiary(ies)/

I/We, the said Beneficiary(ies)/Successor(s) do hereby agree to accept and take the said Units subject to the same conditions on which they were held by the said deceased/insolvent/transferor(s).

Name(s) 1. _____ 2. _____ 3. _____ 4. _____

Authorised Signatures 1. _____ 2. _____ 3. _____ 4. _____

For Change in Certificates Processing – Section 4

Certificate Numbers (not required in case of fresh issuance of certificates)	1	2	3	4	5
<input type="checkbox"/> For Issuance of Certificate(s): Please issue the Certificate(s) for (_____)/all Units held by me/us. i) _____ Certificates of _____ Units each. ii) _____ Certificates of _____ Units each.					
<input type="checkbox"/> For Surrender of Certificate(s): Please surrender the attached Certificates, the numbers of which have been specified above.					
<input type="checkbox"/> For Mutilated or Defaced Certificate(s): Please issue new Certificates against the attached mutilated/defaced Certificates, the numbers of which have been specified above.					
<input type="checkbox"/> For Split of Certificate(s): Please issue new Certificates against the attached Certificates, the numbers of which have been specified above and split them as follows. Choice of Certificates: i) _____ Certificates of _____ Units each. ii) _____ Certificates of _____ Units each.					
<input type="checkbox"/> For Lost/Stolen/Destroyed Certificate(s): Please issue new Certificates against the lost/stolen/destroyed Certificates, the numbers of which have been specified above.					
<input type="checkbox"/> For Consolidation of Certificate(s): Please issue a new Certificate against the attached Certificates, the numbers of which have been specified above Certificates of _____ Units					

Declaration and Authorisation – Section 5

I/We hereby acknowledge of having read and understood the relevant Trust Deed and Offering Document that govern this transaction and further acknowledge understanding of the risks involved.

Name(s) 1. _____ 2. _____ 3. _____ 4. _____

Authorised Signatures 1. _____ 2. _____ 3. _____ 4. _____

For Official Use Only – Section 6**For Distributor/Sales Representative Use**

Distributor Code _____ Form Received On _____ Data and Attachments Reviewed? Yes No

Received by _____

_____ Authorised Signature

For Facilitator Use

Facilitator Code _____ Form Received On _____ Remarks/Instructions _____

Received by _____

_____ Authorised Signature

For Registrar Use

Form Received On _____ Data Input Date _____ Data and Attachments Verified? Yes No

Remarks _____

_____ Authorised Signature

Provisional Receipt – Alfalah Asset Management Limited (Form AAML-02)

Form Received On _____ Registration No. _____ Fund Name _____

For _____

Stamp/Receipt Date and Time _____ Authorised Signature _____



Alfalah Investments

Alfalah Asset Management Limited
(A Group Company of Bank Alfalah Limited)
2nd Floor, Islamic Chamber of Commerce,
Industry and Agriculture Building, Block-9,
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