

Date

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Service Request Form

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.

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CDC ID

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CNIC					-						-	
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Participant ID

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Sub-Account

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House Account

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IAS Account

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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 Authorised Signatories Details (if any)

Deletion

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

				-							-	
--	--	--	--	---	--	--	--	--	--	--	---	--

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

Addition

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

IBAN No.

Bank and Branch Address _____

For Change in Unit Processing – Section 3

Change in Type of Units	From	To
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

☐ 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) <input type="text"/>	Participant ID <input type="text"/> Sub-Account <input type="text"/>
House Account <input type="text"/>	IAS Account <input type="text"/>

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



Alfalsh Investments

Alfalsh Asset Management Limited
(A Group Company of Bank Alfalah Limited)
2nd Floor, Islamic Chamber of Commerce,
Industry and Agriculture Building, Block-9,
Clifton, Karachi - 75600 Pakistan.
UAN: 021 111 090 090
PABX: (9221) 921 7600-05
Fax: 3530 6752
Email: aaml.is@alfalahamc.com
Website: www.alfalahamc.com