

ALFALAH GHP INVESTMENT MANAGEMENT LIMITED

SERVICES REQUEST FORM

PLEASE FILL IN BLOCK LETTERS

DATE 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: PARTICIPANT ID SUB ACCOUNT HOUSE ACCOUNT IAS ACCOUNT

FOR CHANGE IN PARTICULARS OF UNIT HOLDER(S) SECTION- 2

REGISTERED ADDRESS: CONTACT No. OFF No. MOBILE No. Res No. FAX No. E-MAIL SUBMISSION OF: ZAKAT DECLARATION: TAX EXEMPTION: NOTE: PLEASE ENCLOSE THE COPY OF DECLARATION & / OR EXEMPTION CERTIFICATE.

CHANGE IN JOINT HOLDER(S) / AUTHORISED SIGNATORIES DETAILS(IF ANY)

DELETION ADDITION SPECIMEN SIGNATURE 1- MR./MRS. CNIC: 1- MR./MRS. CNIC: 2- MR./MRS. CNIC: 2- MR./MRS. CNIC:

CHANGE IN NOMINEE DETAILS - (APPLICABLE IN CASE OF INDIVIDUALS ONLY)

DELETION ADDITION RELATIONSHIP MR./MRS. CNIC: MR./MRS. CNIC:

CHANGE INSTRUCTIONS TO OPERATE THE ACCOUNT / REDEMPTION OF UNITS

ANY ONE JOINTLY BY ANY TWO JOINTLY BY ANY THREE JOINTLY BY ALL SIGNATORIES

CHANGE IN DIVIDEND DISTRIBUTION (PLEASE SPECIFY) CHANGE IN MODE OF PAYMENT FOR REDEMPTION / DIVIDEND MANDATE

RE-INVESTMENT OF DIVIDENDS ENCASHMENT OF BONUS UNITS CHEQUE PO / DD BANK TRANSFER (FOR BANK ALFALAH A/C. HOLDER'S ONLY)

CHANGE IN BANK ACCOUNT DETAILS

TITLE OF ACCOUNT ACCOUNT No.: BANK & BRANCH ADDRESS:

FOR CHANGE IN UNITS 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 UNITS 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/CERTIFICATE(S).

TRANSFER OF UNITS I / WE THE UNDERSIGNED BEING THE HOLDER(S) OF THE ABOVE UNITS/CERTIFICATES REGISTERED UNDER ABOVE REGISTRATION No. DO HEREBY AUTHORIZED TO TRANSFER THE SAID UNITS/ CERTIFICATES TO THE HERINAFTER NAMED TRANSFEREE(S) TO HOLD SUBJECT TO THE SAME CONDITIONS ON WHICH I/WE HOLD THEM.THE DETAILS OF TRANSFEREE:

NAME OF TRANSFEREE SIGNATURE TYPE OF UNITS: FORM OF UNITS: CDC ID: (IF APPLICABLE) PARTICIPANT ID SUB ACCOUNT HOUSE ACCOUNT IAS ACCOUNT

NOTE: - BENEFICIARY(IES) / SUCCESSOR(S) ARE REQUIRED TO SUBMIT ACCOUNT OPENING & UNITS TRANSACTION FORM I.E. (AGIML-01). - AN ACCOUNT STATEMENT WILL BE ISSUED AFTER THE COMPLETION OF TRANSFER OF UNITS TO THE BENEFICIARIES/SUCCESSORS AS PROOF OF CONFIRMATION. - TRANSMISSION OF UNITS IS NOT POSSIBLE IN CASE OF JOINT HOLDER(S). HOWEVER, WHERE NO INFORMATION ABOUT JOINT HOLDERS IS GIVEN IN THE AGIML-01 FORM THE BENEFICIARY(IES) /

I/WE THE SAID BENEFICIARY(IES)/SUCCESSOR(S) DO HEREBY AGREE TO ACCEPT & 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) AUTHORIZED SIGNATURE(S) (1) (2) (3) (4)

ALFALAH GHP INVESTMENT MANAGEMENT LTD.

(A Group Company of Bank Alfalah Limited)

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UNIT HOLDER MUST OBTAIN PROVISIONAL RECEIPT BEFORE LEAVING.

FOR CHANGE IN CERTIFICATES PROCESSING

SECTION- 4

CERTIFICATE NUMBERS (NOT REQUIRED INCASE OF FRESH ISSUANCE OF CERTIFICATES) **1** **2** **3** **4** **5**

FOR ISSUANCE OF CERTIFICATES PLEASE ISSUE THE CERTIFICATE(S) FOR (_____)/ALL UNITS HELD BY ME/US. CHOICE OF CERTIFICATES:
I _____ CERTIFICATE(S) OF _____ UNITS EACH **II** _____ CERTIFICATE(S) OF _____ UNITS EACH

FOR SURRENDER OF CERTIFICATE(S): PLEASE SURRENDER THE ATTACHED CERTIFICATES, THE NUMBERS OF WHICH HAVE BEEN SPECIFIED ABOVE.

FOR MUTILATED OR DEFACED CERTIFICATES PLEASE ISSUE NEW CERTIFICATES AGAINST THE ATTACHED MUTILATED/DEFACED CERTIFICATES, THE NUMBER(S) OF WHICH HAVE BEEN SPECIFIED ABOVE.

FOR SPLIT OF CERTIFICATE 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 _____ CERTIFICATE(S) OF _____ UNITS EACH **II** _____ CERTIFICATE(S) OF _____ UNITS EACH

FOR LOST / STOLEN / DESTROYED CERTIFICATES PLEASE ISSUE THE NEW CERTIFICATES AGAINST THE LOST/STOLEN/DESTROYED CERTIFICATES, THE NUMBERS OF WHICH HAVE BEEN SPECIFIED ABOVE.

FOR CONSOLIDATION OF CERTIFICATES PLEASE ISSUE A NEW CERTIFICATE AGAINST THE ATTACHED CERTIFICATES, THE NUMBERS OF WHICH HAVE BEEN SPECIFIED ABOVE.
 CERTIFICATE OF _____ UNITS.

DECLARATION & AUTHORIZATION

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) _____

AUTHORIZED SIGNATURE(S) (1) _____ (2) _____ (3) _____ (4) _____

TO BE FILLED IN BY THE APPLICANT'S BANKER IN CASE THE APPLICANT IS UNABLE TO SIGN THE FORM

I, _____ MANAGER OF _____ (THE "BANK") CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE DECLARATION OF OR ON BEHALF OF THE APPLICANT GIVEN IN THIS FORM IS CORRECT.

 MANAGER'S SIGNATURE / BANK STAMP

FOR OFFICIAL USE ONLY

SECTION- 6

FOR DISTRIBUTOR / SALES REPRESENTATIVE USE

DISTRIBUTOR CODE	FORM RECEIVED ON	DATA & ATTACHMENTS REVIEWED
		<input type="checkbox"/> Yes <input type="checkbox"/> No

AUTHORIZED SIGNATURE

RECEIVED BY:

FOR FACILITATOR USE

FACILITATOR CODE	FORM RECEIVED ON	REMARKS / INSTRUCTIONS

AUTHORIZED SIGNATURE

FOR REGISTRAR USE

FORM RECEIVED ON	DATA INPUT DATE	DATA & ATTACHMENTS VERIFIED
		<input type="checkbox"/> Yes <input type="checkbox"/> No

AUTHORIZED SIGNATURE

REMARKS:

PROVISIONAL RECEIPT - ALFALAH GHP INVESTMENT MANAGEMENT LIMITED

(FORM AGIML-02)

RECEIVED FROM	REGISTRATION No.
FUND NAME:	
FOR:	

STAMP / RECEIPT DATE & TIME

AUTHORIZED SIGNATURE

