



Please write in block letters.

(Form AGIML-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

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
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CDC ID (if applicable) 

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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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Note (for Transmission/Transfer of Units):

- Beneficiary(ies)/Successor(s) are required to submit Account Opening and Units Transaction Form i.e. (AGIML-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 AGIML-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

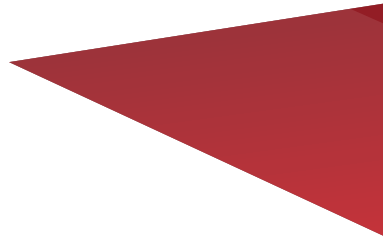
**Provisional Receipt – Alfalah GHP Investment Management Limited (Form AGIML-02)**

Form Received On \_\_\_\_\_ Registration No. \_\_\_\_\_ Fund Name \_\_\_\_\_

For \_\_\_\_\_

Stamp/Receipt Date and Time \_\_\_\_\_

\_\_\_\_\_ Authorised Signature



## Alfalah Investments

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