

Redemption Form - Mutual Funds

Form 3

FOR INDIVIDUALS & INSTITUTIONS

1 INVESTOR DETAILS (IN BLOCK LETTERS)

Investor Name:

CNIC/NICOP/ Passport No. NTN
(In case of Individual) (In case of Corporate Client)

2 REDEMPTION DETAILS

	Name of Fund	Unit Type	No. of Units	OR	Amount in Rs	Amount in Words
1	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

Note: Please enter either Units or Amount for redemption

CDS Information: Participants/ IAS ID: Client/ House/ Investor A/c #

3 INSTRUCTION REGARDING REDEMPTION PROCEEDS

Please send the payment to Bank Account (as per record) Bank Account (other then record) Registered Address (as per record)
(Payment Instrument (Cheque/ Pay Order) will be issued and dispatched to registered address)

(In case if no option is selected, amount will be transferred to the registered bank account)

Bank Account* (Other then record, please provide copy of cheque/ account maintenance certificate)

Bank Name Branch Name/ Branch Code
IBAN Title of Account

Note:

- Applicable Zakat (if any) would be deducted as per the Zakat & Ushr Ordinance, 1980.
- CGT would be deducted (where applicable) as per applicable laws.
- Back-end load (Charges) / Contingent Load will be applicable as per constitutive documents of the Fund(s) / Plan(s).
- In case of CDS holding, wherein sub-account is held with broker, a copy of 'Redemption / Withdrawal Request report' (to be extracted from CDS system by the broker / participant) will be submitted along with this form.
- In case of available amount in fund(s) / plan(s) is less than the amount requested in this form, the entire amount will be redeemed.
- In case of any change in authorized signatories of Corporate Investors, please attach updated list of signatories and Board Resolution.

4 DECLARATION AND SPECIMEN SIGNATURE

I/ We hereby acknowledge having read and understood the relevant Trust Deed(s), Offering Document(s) and guidelines (on the back of this Form) that govern this transaction and further acknowledge having understood the risks involved and I/We agree to abide by the terms and conditions therein:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Signature	Signature	Signature	Rubber Stamp (In case of Institutional Client)

5 DISTRIBUTOR / FACILITATOR INFORMATION (For Office Use Only)

ABL AMCL Sales Staff /Investment Faciliator Name /Distributor <input type="text"/>	Branch Code <input type="text"/>	ABL Branch's Staff Name <input type="text"/>
Authorized Signature of ABL AMCL Sales Staff / Investment facilitator /Distributor (Rubber Stamp Incase of Distributor) <input type="text"/>	ABL Branch Stamp with two officers' signature <input type="text"/>	

APPLICATION CHECKLIST (To be filled by Sales Officer)

- Original Physical Unit Certificate (to be surrendered, if issued) Redemption Request Report of CDC/Broker List of Signatories Other

Details of Certificates & Units received from Unit Holder:

Certificate No. Unit(s)

6 FOR ABL AMC OFFICE USE ONLY

Transaction Date	<input type="text"/> - <input type="text"/> - <input type="text"/>	Transaction No.	<input type="text"/>	<input type="text"/>
	(DD - MM - YY)			
Data Input by	<input type="text"/>	Form Received on:	<input type="text"/>	
Originator Staff No.	<input type="text"/>	Data and attachments verified by	<input type="text"/>	
Remarks	<input type="text"/>			Signature Operations Department

*In case the Fund/ Plan under management of ABL AMC does not maintain a Bank Account with the Bank requested by the Customer, redemption payment will be made through cheque/ PO/ DD.

7 GUIDELINES FOR COMPLETING REDEMPTION FORM (ABLAMC-03)

This form is common for both individual and institutional customers, and should be used for redemption in funds managed by ABL AMC

Please complete the application form in Block Letters using a ball pen

1. The Account Holder would need to state his/her name, and most importantly the ABLAMC Account Number and CNIC number/Passport Number (in case of Individual).
2. The Account Holder needs to specify whether he/she had taken physical possession of the certificates against his/her investment. If the subscriber ticks on the "yes" option then the certificates would need to be attached with the redemption form.

8 REDEMPTION DETAILS

In this section, the Account Holder may choose to specify the redemption in terms of Rupees or Units, as per his/her convenience.

INSTRUCTIONS REGARDING REDEMPTION PROCEEDS

1. Payment of redemption proceeds will be made by the Trustee within six business days upon receipt of a properly documented request for redemption of unit(s).
2. If redemption requests on any single day exceeds 10% of the total number of Units in issue, the Trustee shall redeem only 10% on first come first served basis and defer the balance to the next business day.
3. Every time when the photo Account Holder wants to redeem his/her Investment, he/she will have to come personally to the office/designated bank branch and the redemption form will only be accepted when the thumb impression has been attested/verified by the office/designated bank branch Manager/Customer service manager.

9 INFORMATION ABOUT JOINT HOLDERS

All joint holders, as specified in the account opening form (ABLAMC-01) under the section "Account Operating Instructions" will have to sign this form, and specify their names and submit their CNIC copies. In case of corporate clients, rubber stamp is required to be affixed along with the signatures of its authorized signatories.

OTHER INSTRUCTIONS

Please note that partial redemption of certificate(s) cannot be entertained.

Get in Touch

-  "INVEST" to 8262  021-111-225-262
 042-111-225-262  Website : www.ablfunds.com
 contactus@ablamc.com

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