



# Redemption Form - Mutual Funds

# Form 3

#### FOR INDIVIDUALS & INSTITUTIONS

TOR 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 Typ	e No. of Units	OR Amount in Rs	Amount in W	'ords		
1								
2								
3								
4								
Note	e: Please enter either Units or Amount for red	emption						
CDS Information: Participants/ IAS ID: Client/ House/ Investor A/c #								
3 INSTRUCTION REGARDING REDEMPTION PROCEEDS								
Ple	ase send the payment to	Bank Account (as per	record) E	ank Account (other then record)		ered Address (as per record)		
(In ca	ase if no option is selected, amount will be trans	ferred to the registered bank a	ccount)		(Payment i and dispat	instrument (Cheque/ Pay Order) will be issued iched to registered address)		
Dan	Bank Account* (Other then record, please provide copy of cheque/ account maintenance certificate)  Bank Name  Branch Name/ Branch Code							
	k Name			Title of Account				
	: plicable Zakat (if any) would be deducted as per iT would be deducted (where applicable) as per		980.					
<ul> <li>Bac</li> </ul>	ck-end load (Charges) / Contingent Load will be case of CDS holding, wherein sub-account is hel	applicable as per constitutive			em by the broker / participant) will be submit	ted along with this form.		
	case of available amount in fund(s) / plan(s) is les case of any change in authorized signatories of 0							
1/ \ \	DECLARATION AND SPECI		uant Trust Dood(s), Offer	ing Document(s) and guideli	ines (on the back of this Form) tha	t govern this transaction and		
	'e hereby acknowledge having read a her acknowledge having understood					it govern this transaction and		
	Signature	Signature	Signature	Signature	Rubber Stamp (In	case of Institutional Client)		
5	DISTRIBUTOR / FACILITATO	OR INFORMATION (F	or Office Use Only)					
	ABL AMCL Sales Staff /Investr	ment Faciliator Name /D	stributor	Branch Code	ABL Branch's St	aff Name		
Authorised Signature of ABL AMCL Sales Staff / ABL Branch Stamp with two officers' signature						o officers' signature		
Investment facilitator / Distributor (Rubber Stamp Incase of Distributor)								
AP	APPLICATION CHECKLIST (To be filled by Sales Officer )  Original Physical Unit Certificate Redemption Request Report of CDC/Broker List of Signatories Other							
(to be surrendered, if issued)  Details of Certificates & Units received from Unit Holder:								
De	etans of Certificates & Units rece	ived from Unit Hold	er:					

6 FOR ABL AMC OFFICE USE ONLY								
Transaction Date	Transaction No.							
Data Input by	Form Received on:							
Originator Staff No.	Data and attachments verified by	Signature Operations Department						
Remarks								
*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.								

## 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 CNICnumber/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.

#### **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.

### **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 alongwith the signatures of its authorized signatories.

#### OTHER INSTRUCTIONS

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

(invest" to 8262 042-111-225-262

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