



Date: _____ **Please write in block letters using blue ink**

1) Principal Applicant's Details (Mandatory)

Title of Account																										
Investor Registration Number													CNIC/NICOP/Passport No.													

2) Conversion Details (Mandatory)

Convert (Redeem) From the Fund	Amount in Rupees	No. of Units	Convert (Invest) To The Fund	Load charged %
(a)		All _____		
		or _____		
(b)		All _____		
		or _____		
(c)		All _____		
		or _____		
(d)		All _____		
		or _____		

Certificates Issued No Yes, Certificate No. _____ is/are attached with this Form.

3) Declaration and Signature(s)

I/We, the undersigned, hereby declare that:

(a) I/We understand that conversion of units will be made in accordance with the terms and conditions mentioned in the Constitutive Documents of the above-mentioned Funds;

(b) I/We understand that all investments in mutual funds are subjected to market risk which could result in loss of principal investment and I/We confirm to have understood the terms & conditions and risk factors associated with the above-mentioned Funds;

(c) I/We understand that the conversion price of units will differ due to Front-end Load/Back-end Load where applicable;

(d) I/We understand that in case of mutual funds operating under forward pricing mechanism, the price of units applicable for investment/conversion will not be known at the time of investment/conversion;

(e) I/We understand that conversion of units transaction may be subject to capital gain tax in accordance with the requirements of Income Tax Ordinance, 2001 applicable in Pakistan and the directives issued by Federal Board of Revenue (FBR) from time to time

(f) I/We understand that the conversion request can not be cancelled once it has been received by the Investment Facilitator/Distributor

Institutional Investor	Individual Investor	Attestation of Branch Manager and Witnesses shall be required only in case of Investor with unstable signature or thumb impression	
Company Stamp	Principal Applicant's Signature / Left Hand Thumb Impression	Attestation of Branch Manager	Witnesses (Adult Male Persons only)
			Name: _____ CNIC: _____ Signature: _____
			Name: _____ CNIC: _____ Signature: _____

Authorized Signatories/ Joint Holder(s)	Signature(s)
(a) Name: _____	
(b) Name: _____	
(c) Name: _____	
(d) Name: _____	

4) Investment Facilitator / Distributor Details (For Office Use Only)

Distributor/Facilitator Name	Code					Distributor's Stamp with date and time
Branch Name	City					

Date and Time Stamping	Form received by	Name and Signature
	Date, Form and attachments verified by	Name and Signature
	Data input by	Name and Signature