

## **REDEMPTION FORM "C-1"**

No. C-1/MA-0001

Date:		Please write in block letters using black ink												k ink										
1) Principal Applicant's Det	ails (N	Iandat	ory)																					
Title of Account																								
Investor Registration Number	er				P/Passport No	/Passport No.																		
2) Redemption Details (	f this Form) (I	Tanda	tory)																					
Name of the Fund / Investment Plan						No. o	In Figures (Rs.)						ount In Words											
(a)																								
(b)																								
(c)																								
(d)																								
Certificates Issued at													is/a	ıre										
3) Payment Instructions																								
I/We would like to receive the redemption amount in the form of a;  Crossed Cheque Pay-order Demand Draft Please send the payment to Registered Address Bank Deposit* Other instruction Registered Address (If Changed)											s rec	luired	d)											
Bank Account Details:																								
Account Title:Bank Account Number:																								
Bank Name:							_ Branch Add	ress:_												_				
4) Declaration and Signa I/We, the undersigned, here		lare tha	at:																					
(a) I/We understand that the redemption of units will be made in accordance with the terms and conditions as mentioned in the Constitutive Documents of the Fund;													ents of											
(b) I/We understand that redemption proceeds may be subject to deduction of 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													е Тах											
(c) I/We understand that o	nce th	e redei	mption re	quest h	as been	received	by the Invest	nent F	acilita	ator	/Dist	ibuto	r, it	canno	ot be	cancell	led.							
Institutional Investor Individual Investor								of Bra	nch N	lan	ager :	and V	Vitne	sses s	shall	be requ	uire	d onl	y in c	ase	of			
Company Stamp		Principal Applicant's Signature /					Attestation of Branch Manager					re or thumb impression Witnesses (Adult Male Persons only)												
	Left Hand Thumb Impression										Name:													
												CNIC:												
						Signature:																		
								CNIC:																
Authorized Signatories/ Joint Holder(s)												Signature(s)												
(a) Name:																								
(b) Name:																								
(c) Name:																								
(d) Name:	,				0.00																			
5) Investment Facilitator Distributor/Facilitator Name		ributo	or Detai	s (For	Officia	il Use Oi	nly)		Code								,	. ~			, ,			
Branch Name								City				Distributor's Stamp and time						vith	date					
6) Registrar Details (For Office Use Only)						City																		
Date and Time Stamping			ved by	Name and Signature																				
	n and attachments verified by				Name and																			
Data input by						Name and	Signat	ure						Name and Signature										