

Date: _____

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|-----------------|--|--|--|--|--|--|--|--|--|
| ABL AMC A/C No. | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

I/We the undersigned transferor(s) being the registered holder(s) of under mentioned Unit(s)/amount transfer the said Unit(s) to the hereinafter named transferee(s) subject to the Trust Deed(s) and Offering Document(s) of the respective Fund(s).

1. TRANSFERER (FILL IN BLOCK LETTERS)

| | | | | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|--|--|--|
| Name (Principal Account Holder) | | | | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| CNIC / Passport No.(In case of Individual) | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

| | | | |
|--|--|-------------------------|--|
| Number of Units / Amount to be Transferred | | Units / Amount in Words | |
|--|--|-------------------------|--|

Certificates Issued : No Yes (Certificate No. _____)

Please note that the Transfer cannot be processed unless original Certificates, if issued to you, are returned to us.

Present Holding in ABL _____ Fund

*Unit Types Growth Units
 Income Units

If opted for income units, please tick one: Flexible Income Plan Fixed Income Plan (Rs. _____)

* In case of ABL Stock Fund, Income Units are not applicable
 Please note: minimum investment for growth units is Rs. 5,000/- and for income units is Rs. 500,000/- (where applicable)

DECLARATION:

I/WE AGREE WITH THE TERMS AND CONDITIONS OF THE TRANSFER AND ACKNOWLEDGE THAT FROM HEREINAFTER I/WE HAVE NO CLAIM OVER THE UNITS TRANSFERRED BY ME/US.

Signature by (Transferer)

2. ACCEPTANCE BY JOINT HOLDER(S)

| Sr. No | Name of Joint Holder(s) | SIGNATURE & STAMP (Stamp in case of Institution only) | Sign Verified (for office use only) |
|--------|-------------------------|--|--|
| i) | | | |
| ii) | | | |
| iii) | | | |

3. TRANSFEREE DETAILS

| | | | | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|--|--|--|
| Name (Principal Account Holder) | | | | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|--|--|--|
| ABL AMC Account No. | | | | | | | | | | | Note: If the transferee(s) is/are not account holder(s) of ABL AMC than kindly fill the Account Opening form (Form No: ABL AMC-01) |
|---------------------|--|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| CNIC / PASSPORT No. (In case of individual) | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

DECLARATION:

- I/We will not claim Repatriation from Pakistan of dividends and Sale proceeds of the units except as permissible under the Rules of the State Bank of Pakistan or Ministry of Finance, Government of Pakistan.
- I/We have read and understood the Trust Deed(s) and Offering Document(s) of the Fund(s) and the risks involved.
- I/We ratify that the information provided in this form is correct.

Signature by (Transferee)

4. ACCEPTANCE BY JOINT HOLDER(S)

| Sr. No | Name of Joint Holder(s) | SIGNATURE & STAMP (Stamp in case of Institution only) |
|--------|-------------------------|--|
| i) | | |
| ii) | | |
| iii) | | |

5. FOR OFFICE / DISTRIBUTOR'S USE ONLY

| Details of Certificates Received | Certificate No(s) (if applicable) | Number of Unit(s) | Data input by |
|-----------------------------------|-----------------------------------|-------------------|------------------|
| Distributor / Facilitator Details | | Transaction ID | Transaction Date |
| Distributor's/ Branch Code | | | |
| Branch Manager Staff No. | | | |
| Investment Consultant Staff No. | | | |
| Originator Staff No. | | | |

Guidelines for completion of Application for Account to Account Transfer are appended at the Back side.

Guidelines for Completing Transfer Form are appended at the Back side.



Guidelines for Completing Transfer Form (ABL AMC-04)

The form is applicable if the principal account holder wishes to transfer all or part of his /her holding in units or in amount to any individual/institution.

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

INFORMATION ABOUT THE PRINCIPAL ACCOUNT HOLDER/TRANSFERER

1. The Account Holder/Transferer would need to state his/her/Institution's Name, ABLAMC Account No. and CNIC number/Passport number (in case of Individuals).
2. The Account Holder/Transferer would need to mention the Number of Units/amount to be transferred.
3. In case of Certificates, if issued, kindly attach the issued Certificate(s), without which transfer of units will not be processed.
4. Transfer of Units would be subject to verification of transferer's particulars and completion of necessary formalities.
5. Photo Account holder is not entitled to transfer his/her fund(s) from one account to another.
6. Any taxes occur due to transfer of units shall be borne by the transferer by paying amount in cheque in favor of CDC Trustee of the respective fund.

INFORMATION ABOUT THE TRANSFEREE(S)

1. The Account Holder would need to state transferee(s) Name, ABLAMC Account No. and CNIC/Passport No. (In case of individuals).
2. If the transferee(s) is /are not account holder(s) of ABLAMC Funds than kindly fill in the Account Opening Form (ABL AMC-01).