



# Redemption Form - Mutual Funds

# Form 3

#### FOR INDIVIDUALS & INSTITUTIONS

FOR INDIVIDUALS & INSTITUTIONS										
1	INVESTOR DETAILS (IN E	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 Ty	pe No. of	Units OR	Amount in Rs		Amount in \	Words		
1										
2										
3										
4										
	Please enter either Units or Amount for									
CDS Information: Participants/ IAS ID: Client/ House/ Investor A/c #										
3	INSTRUCTION REGARDI	NG REDEMPTION PR	OCEEDS							
Plea	ase send the payment to	Bank Account (as p	er record)	Bank	ACCOUNT (other then recor	d)	Regi	stered Address (as per record)		
(In ca	se if no option is selected, amount will be tra	ansferred to the registered bank	account)				(Payme and dis	nt instrument (Cheque/ Pay Order) will be issued patched to registered address)		
	Bank Account* (Other then reco	rd, please provide copy of	cheque/ account ma	intenance ce						
	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.										
<ul> <li>Bac</li> </ul>	T would be deducted (where applicable) as p k-end load (Charges) / Contingent Load will	be applicable as per constitutiv								
<ul> <li>In c</li> </ul>	ase of CDS holding, wherein sub-account is ase of available amount in fund(s) / plan(s) is	less than the amount requeste	d in this form, the entire	amount will be	e redeemed.	system by the brok	ker / participant) will be subn	nitted along with this form.		
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										
	e hereby acknowledge having rea						e back of this Form) th	nat govern this transaction and		
further acknowledge having understood the risks involved and I/We agree to abide by the terms and conditions therein:										
	Signature	Signature	Signature	9	Signature		Rubber Stamp (I	n case of Institutional Client)		
5 DISTRIBUTOR / FACILITATOR INFORMATION (For Office Use Only)										
ABL AMCL Sales Staff /Investment Faciliator Name / Distributor Branch Code ABL Branch's Staff Name										
					Dianeir coa		, , , , , , , , , , , , , , , , , , , ,			
	Authorised Signature of ABL AMCL Sales Staff /					ABL Branch Stamp with two officers'		wo officers' signature		
	Investment facilitator / Distributor (Rubber Stamp Incase of Distributor)									
API	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:										
Cer	rtificate No.			Unit(s)						

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.								

## 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 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.

#### 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 alongwith 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 ( 042-111-225-262 © 021-111-225-262

Website: www.ablfunds.com

contactus@ablfunds.com

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