



Pure. Profit.

DISCONTINUATION OF STANDING INSTRUCTIONS For unsubscribing Systematic Investment Plan (SIP)



Day	Month	Year

Portfolio No.	
Old Registration No. (if any)	

PRINCIPAL ACCOUNT HOLDER		
Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	Contact No.:	
Name:		
FOR MEEZAN BANK LIMITED		
Bank account number	Branch	
This is to request you to discontinue debiting my account for investment in the Funds under Management of Al Meezan Investment management Limited.		
_____	_____	_____
Principal Account Holder	Joint Account Holder 1	Joint Account Holder 2

NOTE:																																
<ul style="list-style-type: none"> - The discontinuation standing instruction shall be submitted atleast three days before 7th of any month. - The investor may revise his/her standing instruction by discontinuing the earlier instruction and filling out new form of Standing Instruction of Systematic investment Plan. - No charges apply on discontinuation or change in Standing Instruction. 																																
FOR OFFICE USE ONLY																																
<table border="1"> <tr> <th>Order Number</th> <th>Order Input by</th> <th>Distributor Branch</th> <th>Signatures and stamp of Distributor</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>Reporting Date</th> <th colspan="3">Authorized Person at Distributor Branch</th> </tr> <tr> <td></td> <td colspan="3"></td> </tr> <tr> <th>Order Authorized by</th> <th>Trade Number</th> <th>Trade Authorized by</th> <th>Signature & stamp of Transfer Agent</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>REMARKS</th> <td colspan="3"></td> </tr> <tr> <td></td> <td colspan="3"></td> </tr> </table>	Order Number	Order Input by	Distributor Branch	Signatures and stamp of Distributor					Reporting Date	Authorized Person at Distributor Branch							Order Authorized by	Trade Number	Trade Authorized by	Signature & stamp of Transfer Agent					REMARKS							
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First Copy – “Branch Record”

For assistance, please call Toll Free: (9221) 0800 – HALAL (42525) or visit www.almeezangroup.com



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FOR OFFICE USE ONLY			
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Reporting Date	Authorized Person at Distributor Branch		
Order Authorized by	Trade Number	Trade Authorized by	Signature & stamp of Transfer Agent
REMARKS			

Second Copy – “Mutual Fund Operations – Head Office”

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Third Copy – “Customer Record”

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