



Pure. Profit.

# STANDING INSTRUCTIONS FORM

For subscribing 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:   |        |                        |                        |
| DEBIT INSTRUCTIONS DETAILS FOR MEEZAN BANK LIMITED  |        |                        |                        |
| Bank account number   | Branch | Amount Rs              | Amount in words        |
|   |        |                        |                        |
| I/we hereby authorize Meezan Bank Limited to debit my / our account with aforementioned amount and credit the respective collection accounts of funds mentioned below on 7 <sup>th</sup> of every month if it is a working day or on subsequent working day and credit the amounts as per the details given below.  |        |                        |                        |
| <b>DECLARATION: (with rubberstamp incase of Corporate Client)</b>   |        |                        |                        |
| I/We hereby confirm that all information provided in this form is true and correct to the best of my knowledge. I also confirm having read and understood the Trust Deeds, Offering Documents, Supplement Trust Deeds, and Supplemental Offering Documents that govern the transactions and further acknowledge understanding of the risks involved in mutual fund. |        |                        |                        |
| Principal Account Holder  |        | Joint Account Holder 1 | Joint Account Holder 2 |

| CREDIT INSTRUCTION / INVESTMENT DETAILS                  |                                |   |  |
|--|--------------------------------|---|--|
| Fund   | Fund collection account number | Contribution Amount (Rs.)                               | Contribution In Words  |
| <input type="checkbox"/> Meezan Islamic Fund             | 0101-00811053301               |   |  |
| <input type="checkbox"/> Al Meezan Mutual Fund           | 0103-0100515759                |   |  |
| <input type="checkbox"/> Meezan Tahaffuz Pension Fund    | 0101-02000001810               |   |  |
| <input type="checkbox"/> Meezan Islamic Income Fund *    | 0101-02000000652               |   |  |
| <input type="checkbox"/> Meezan Cash Fund *              | 0101-02000001313               |   |  |
| <input type="checkbox"/> Meezan Sovereign Fund *         | 0101-02000001466               |   |  |
| * Withdrawal Options for Monthly Saving Plans            |                                |   | Frequency of Payment (Withdrawal)  |
| <input type="checkbox"/> 100% Profit                     |                                | <input type="checkbox"/> 90% profit with capital growth | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly                |
| <input type="checkbox"/> Systematic withdrawal Rs. _____ |                                |   | <input type="checkbox"/> Semi Annually <input type="checkbox"/> Annually (for MSF) |

**NOTE:**

- The form needs to be verified from the respective branch of Meezan Bank Limited.
- If the Debit Instruction is returned unpaid, the transaction of that month will not be executed.
- All the payments will be executed on the 7<sup>th</sup> of each month and accordingly offer prices of that date will apply. In case of holiday or closed period on that date the offer prices of first subscription date of respective fund shall apply.
- The Unit holder may unsubscribe by filing an application.

| FOR OFFICE USE ONLY |   |                     |                                     |
|---------------------|---|---------------------|-------------------------------------|
| 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             |   |                     |                                     |
|                     |   |                     |                                     |

First Copy – “Branch Record”

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



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| Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.  |        | Contact No.:           |                        |
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| CREDIT INSTRUCTION / INVESTMENT DETAILS                  |                                |   |  |
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| * Withdrawal Options for Monthly Saving Plans            |                                |   | Frequency of Payment (Withdrawal)  |
| <input type="checkbox"/> 100% Profit                     |                                | <input type="checkbox"/> 90% profit with capital growth | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly                |
| <input type="checkbox"/> Systematic withdrawal Rs. _____ |                                |   | <input type="checkbox"/> Semi Annually <input type="checkbox"/> Annually (for MSF) |

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| FOR OFFICE USE ONLY |   |                     |                                     |
|---------------------|---|---------------------|-------------------------------------|
| Order Number        | Order Input by                          | Distributor Branch  | Signatures and stamp of Distributor |
|                     |   |                     |                                     |
| Reporting Date      | Authorized Person at Distributor Branch |                     | Signature & stamp of Transfer Agent |
|                     |   |                     |                                     |
| 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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| Name: <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"></table>   |                        |                        |                 |
| DEBIT INSTRUCTIONS DETAILS FOR MEEZAN BANK LIMITED   |                        |                        |                 |
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| _____  | _____                  | _____                  |                 |
| Principal Account Holder   | Joint Account Holder 1 | Joint Account Holder 2 |                 |

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| <input type="checkbox"/> Meezan Islamic Income Fund *    | 0101-02000000652               |   |  |
| <input type="checkbox"/> Meezan Cash Fund *              | 0101-02000001313               |   |  |
| <input type="checkbox"/> Meezan Sovereign Fund *         | 0101-02000001466               |   |  |
| <b>* Withdrawal Options for Monthly Saving Plans</b>     |                                |   | <b>Frequency of Payment (Withdrawal)</b>   |
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| <input type="checkbox"/> Systematic withdrawal Rs. _____ |                                |   | <input type="checkbox"/> Semi Annually <input type="checkbox"/> Annually (for MSF) |

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| FOR OFFICE USE ONLY |   |                     |                                     |
|---------------------|---|---------------------|-------------------------------------|
| 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             |   |                     |                                     |

**Third Copy – “Customer Record”**

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