



**AL MEEZAN INVESTMENT MANAGEMENT LIMITED**  
**REQUEST FOR REGISTRATION OF UNITS UNDER LIEN**

*Al Meezan mein Itminan hai.*

**Pure. Profit.**

No. AMIM-04-2024

Day	Month	Year

Fund: \_\_\_\_\_

Portfolio No:	
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Al Meezan Investment Management Limited  
 (Management Company)

Dear Sirs,

**Re: Request for Registration of Units Under Lien**

I/We \_\_\_\_\_

being the registered unit holders under account # \_\_\_\_\_ request you to record pledge/ lien over the following units in favor of pledge/ lien holder(s) according to the provisions of the Trust Deed and the Offering Document of \_\_\_\_\_ Fund

Number of units to be placed under lien	Certificate Numbers (If Issued)

In making this request, I/We recognize and understand that:

- Payments of dividends or the issue of bonus Units and redemption proceeds of the Units under lien/charge/pledge shall be made to the lien/ charge / pledge holder for my/ our account.
- You do not however, accept any responsibility for the validity of my/our act of placing the Pledged Units under lien nor for any obligations or commitments undertaken by me/ us in respect thereof.
- The lien on the Pledged Units shall continue till such time it is released by the lien-holder in writing.

Thanking you  
 Yours truly

\_\_\_\_\_  
 Rubber stamp in case of corporate clients

**Name(s) and signature(s) of principal holder and joint holder(s) (if any)**

Mr./Ms./Mrs./M/s	Signature	CNIC No.
Mr./Ms./Mrs./M/s	Signature	CNIC No.
Mr./Ms./Mrs./M/s	Signature	CNIC No.
Mr./Ms./Mrs./M/s	Signature	CNIC No.

**Particulars of Pledgee/ Lien Holder**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Bank Account # \_\_\_\_\_ Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_

**Name(s) and signature(s) of first name pledge holder and joint pledgee(s) (if any)**

Mr./Ms./Mrs./M/s	Signature	CNIC No.
Mr./Ms./Mrs./M/s	Signature	CNIC No.
Mr./Ms./Mrs./M/s	Signature	CNIC No.
Mr./Ms./Mrs./M/s	Signature	CNIC No.

**FOR OFFICIAL USE ONLY**

**APPLICATION CHECKLIST**

Unit Certificates (if issued)       Board Resolution (authorizing pledge)       Any Other Document (Specify)

Distributor Name & Code	Date	Authorized Person	Authorized Signature

**FOR TRANSFER AGENT USE ONLY**

Sequential numbers (if any)	Date	Authorized Person	Authorized Signature

**FOR MANAGEMENT COMPANY USE ONLY**

Authorized Person (1)	Authorized Signature	Authorized Person (2)	Authorized Signature & Date