

Date: _____

Head of Customer Services

Al Meezan Investment Management Limited
Ground Floor, Block B, Finance & Trade Centre,
Shahrah-e-Faisal, Karachi 74400, Pakistan

Subject: Instructions Regarding Maturity of Meezan Paaidar Munafa Plan-IV under Meezan Fixed Term Fund

This is with reference to the completion of maturity period of Meezan Paaidar Munafa Plan- IV(MPMP- IV), which is due on April 17, 2024. I /We the undersigned hereby instruct Al Meezan Investment Management Limited to proceed in the following manner with respect to my/our investments:

Transaction Type	Fund Name	Amount	Or	Percentage
Conversion (to)				
Redemption (from)	MPMP- IV			
Total				100%

Note: The total of amount should be equal to the total of accumulated balance in MPMP-IV. Only instructions placed in the above tabular data will be entertained. Altered instructions would not be considered. In case of no consent amount will automatically be redeemed into registered bank account or through cheque.

Instructions regarding Redemption Proceeds (tick anyone)

- Credit my Bank Account as per detail provided earlier in portfolio
- Credit my other bank account (Please provide Complete Details)

Bank Name	Account Number	Branch Name/Code

I/We hereby confirm that all information provided in this form is true and correct to the best of my/our knowledge. I/We confirm that the representative of Al Meezan/ distributor has explained the features and risk of the product and I/we have understood these features and risks in which I/we have agreed to invest. I/We agree that I/we shall assume sole responsibility for determining the merits or suitability of any and all advice and /or recommendations of Al Meezan before relying on the same to enter into any transaction. I/We will not hold Al Meezan responsible for any loss which may occur as a result of my/our decision. I/We further confirm that I/We have read the Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these investment transactions.

Portfolio# _____ Name: _____ Cell# _____

Authorized Signatories

(With rubber stamp in case of Institutional Clients)

Official Use Only:

Received By	Name and Signature of Reporting Agent	Name and Signature of Reporting Agent
Order Number		
Reporting Date	Order Authorized By	Signature and Stamp of Transfer Agent