

AL MEEZAN INVESTMENT MANAGEMENT LIMITED

FUND NAME: _____

CHANGE OF INVESTORS

Form # AMIM-04



Al Meezan
Investment Management Ltd

No. AMIM-04-0001

All required information/ documents should be attached to this form (Please get information from Registrar/ Distributor)

INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER

Name: Mr./ Ms./ Mrs./ M/s	NIC No.	Date
	Registration No. (If any)	

IF CERTIFICATES HAVE NOT BEEN ISSUED INDICATE NUMBER OF UNITS FOR CHANGE IN INVESTORS PARTICULARS

Details of Certificates Attached (If any)

Certificate Numbers	1	3	5	7	9
	2	4	6	8	10

DETAILS OF UNITS PROCESSING REQUESTS

TRANSMISSION	TRANSFER OF UNITS	DELETION OF NAME	MERGER
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TRANSMISSION

New account opening form to be filled by the beneficiaries/ successors

I/We the undersigned being the beneficiaries/successors request you to register me/us as Holder(s) of the above units/certificates now registered under above Registration Number in the name of the above deceased/insolvent. I/We do hereby agree to accept and take the said Units subject to the same conditions on which they were held herein before.

I/We do hereby authorised you to recover the fees and charges by encashing the units of the equivalent value.

SPECIMEN SIGNATURES:

1	2	3	4	5
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TRANSFER OF UNITS

New account opening form to be filled by the Transferee

I/We the undersigned being the holder(s) of the above certificates registered under above Registration Number do hereby Transfer the said Units to the hereinafter named Transferee(s) to hold subject to the same conditions on which I/We hold them at the date:

I/We do hereby authorise you to recover the fees and charges by encashing the units of the equivalent value.

SPECIMEN SIGNATURE: Transferor (s)

1	2	3	4	5
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I/We the said Transferee(s) do hereby agree to accept and take the said Units subject to the same condition on which they were held by the said Transferor(s)

SPECIMEN SIGNATURES: Transferee (s)

1	2	3	4	5
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DELETION OF NAME

I/We the undersigned being the holder(s) of the above units/certificates registered under above Registration Number do hereby inform that Mr./Ms..... has expired on and request you to kindly delete his/her name from the above certificates.

I/We do hereby authorise you to recover the fees and charges by encashing the units of the equivalent value.

SPECIMEN SIGNATURES:

1	2	3	4	5
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MERGER

I/We the undersigned being the holder(s) of the above units/certificates registered under different Registration Numbers do hereby request that all the certificates shall be merged under the above Registration Number.

SPECIMEN SIGNATURES:

1	2	3	4	5
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FOR OFFICIAL USE ONLY

FACILITATOR INFORMATION			Signature of Facilitator
Facilitator Name	Facilitator Code	Remarks/Instructions from facilitator	

FOR TRANSFER AGENT USE ONLY

Account # verified by	Certificates verified and defaced by	Required Documents Verified by	Data Input By
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DISTRIBUTOR INFORMATION

Distributor Name	Distributor Code	DC Transaction Serial No.	Transaction Date
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Received the Units Certificates Total In Numbers	Name of Authorized Person at Distribution Centre	Authorized Signature
Certificates Units		
Remarks		