



Transfer/Transmission of Units Form

Al Meezan mein Itminan hai.

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FUND NAME: _____

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./Mrs./Ms./M/s						NIC No.		Registration No. (If any)	

IF CERTIFICATES HAVE NOT BEEN ISSUED INDICATE NUMBER OF UNITS FOR CHANGE IN INVESTOR 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	
New account opening form to be filled by the beneficiaries/successors									

TRANSMISSION									
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 authorized you to recover the fees and charges by encashing the units of the equivalent value.									

SPECIMEN SIGNATURES									
1	2	3	4	5					
New account opening form to be filled by the Transferee									

TRANSFER OF UNITS									
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 authorized you to recover the fees and charges by encashing the units of the equivalent value.									

SPECIMEN SIGNATURES: Transferor(s)									
1	2	3	4	5					

I/We the said Transferee(s) do hereby agree to accept and take the said Units subjects to the same condition on which they were held by the said Transferor(s)

SPECIMEN SIGNATURES: Transferee									
1	2	3	4	5					

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					

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

SPECIMEN SIGNATURES:									
1	2	3	4	5					

FOR OFFICIAL USE ONLY									
FACILITATOR INFORMATION									
Facilitator Name		Facilitator Code		Remarks/Instructions from Facilitator				Signature of Facilitator	

FOR TRANSFER AGENT USE ONLY									
Account # Verified By		Certificates Verified and Defaced By			Required Documents Verified By			Date Input By	

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



CHECK LIST FOR TRANSFER OF UNITS
(DECEASED/TRANSFER/MINOR TO MAJOR)
TO BE FILLED AND SIGNED BY THE SALES OFFICER AND FRONT DESK STAFF

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FOR TRANSFER OF UNITS REQUESTS

Following checkings have been performed with respect to the attached unit transfer request:

1. General Requirements

S. No.	Requirements	Select
1	Completely filled and signed Unit Transfer form has been received and attached	
2	Signed Request letter for unit transfer has been received and attached	
3	Copy of valid CNICs for transferor and transferee have been received and attached	

2. Requirements for Deceased Case

S. No.	Requirements (as per Deceased Policy)	Select
1	Joint written request from all legal heirs requesting redemption has been received and attached	
2	An attested copy of the death certificate (NADRA) of the deceased unit holder	
3	Affidavit-cum-indemnity from all the legal heirs	
4	Personal guarantee of two individuals	
5	Notice in Newspaper	
6	Succession Certificate (if amount is greater than Rs. 500,000/-)	
7	Attested CNIC copies of legal heirs	

3. Customer Account Verification (tick (✓) where appropriate)

S. No.	For Transferor:	For Transferee:
1	Valid email address is updated in our records	Valid email address is updated in our records
2	Valid cell# is updated in our records	Valid cell# is updated in our records
3	Zakat declaration has been obtained	Zakat declaration has been obtained
4	Valid updated bank account details are available in our records	Valid updated bank account details are available in our records
5	Account is not marked unverified for any reason	Account is not marked unverified for any reason
6	CIP Attached (if required)	CIP Attached (if required)

Check list filled by		Checked by	
Name of Staff	Signature	Name of Line Manager	Signature