Service Request / Update Form







For assistance in filling out this form, speak with our Customer Care executive at 0800-00026 or sms HELP to 8258. You can submit the form to your nearest UBL Fund Managers Investment Center, designated UBL Branches or authorized distributor outlets. You can also courier the form to: UBL Fund Managers - Operations Office, 4th Floor, STSM Building, Beaumont Road, Civil Lines, Karachi, Pakistan. Please save 0340-8253863 in your smartphone to avail smart Whatsapp self service. Type HI and send.

Please fill the form with blue ink and in block letters Unit Holder Details		
Onit Holder Details		
Name (Mr/Mrs/Ms)		
Investment in		
CNIC		
Request change in		
Mailing Address / Contact Details Zakat Status Principal / Joint applicant name Bank Account Details Contact Instructions Account operating Instructions Payment Instructions Dividend Instruction		
Systematic Investment Plan		
The changes shall apply on CNIC level of Principal Unit holder in all accounts: Yes No No		
Change in Mailing Address/Contact Details		
Street Address:		
Mailing Address (If different from above):		
Mobile No: Tel (Res): Tel (Office):		
Email: City:		
*In case of address or contact detail outside Pakistan, kindly provide updated / revised CRS / FATCA declaration *Provide complete updated contact /contact detail		
Change in Contact Instructions		
Would you like to receive SMS alerts? Yes No No		
All dividend redemption payments should be mailed / executed as below:		
Mailing Address Hold Mail (will collect payment by hand) Online Transfer (For 1Link verified accounts only)		
Please tick in relevant box:		
Account Statement Fund Managers Report (Monthly) Financial Statements		
I want to receive following documents on E-mail I want to receive correspondence through mail		
I do not want to receive any correspondence through mail		
Change in Zakat Status		
Zakat exempt Yes No (If yes please provide Affidavit)		
Change in Account Operating Instructions:		
First name joint holder only All joint holders Either or survivor Others (Please Specify):		
Change in Principal / Joint Applicant Name (as per CNIC / NICOP)		
Old Name New Name		
CNIC Copy attached		
Change in Payment Instructions:		
Investment / Redemption and payment details:		
I would like to receive my profit: Monthly Quarterly Semi Annually Yearly Cancel regular profit (Please tick one option only)		
Change in mode of redemption / Payment: Cheque Pay order Demand Draft Online Transfer (For 1Link verified accounts only)		

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Change of Bank Account		
Account No. 1 IBAN		
Bank Account No: Bank Name & Branch Code:		
Branch Address: Branch Tel No:		
Account No. 2 IBAN Default for: Redemption Profit Dividend		
OR Bank Account No: Bank Name & Branch Code:		
Branch Address: Branch Tel No:		
Change in Dividend Instructions		
Please select from below: Reinvest both dividends & bonus Pay dividends & en-cash bonus Other:		
Change in Systematic Investment Plan		
Frequency Monthly Quarterly Date: Amount: Debit Authority 1. Through Post dated Cheques Cheques Scheque submission date Scheques at the time of investment for a year if you tick the frequency as quarterly or monthly respectively In option 1, you will have to submit 4 or 12 Post dated Cheques at the time of investment for a year if you tick the frequency as quarterly or monthly respectively In option 2, you have to give standing instructions to your bank to debit the above mentioned amount from your account in favor of Fund In option 3, you have to give standing instructions to the Human Resource (HR) Manager of your company to debit the above mentioned amount directly from your salary and credit in favor of Fund.(If arrangement has been made with UBLFM)		
Declaration		
I confirm that the details provided by me/us are true, correct and complete to the best of my knowledge and belief, and the documents submitted along with this application are genuine. I authorize UBL Fund Managers to make the additions and/or changes requested in this form in my investment account as stated and to complete at the necessary alterations pertaining to the account certify that the authorizations hereon shall continue until any written notice of a modification or termination. I hereby accept that the company may at any time require verification before processing the requested information in this form, the verification procedures may include telephonic verifications, requiring certain identifying information before acting upon instructions and sending written confirmations. I, hereby authorize UBL Fund Managers to disclose relevant profile information to any third party(ies) for performance of due diligence or for improvement in customer services & experience.		
Applicant Signature Joint Applicant Signature		