

UBL Fund Managers Ltd. (Formerly United Asset Management Company Ltd.)
4th Floor, STSM Building, Beaumont Road, Civil Lines, Karachi, Pakistan.

Toll Free: 0800-00026 Fax: (+92-21) 32214930 Email: info@UBLfunds.com Website: www.UBLfunds.com



Please complete the Application Form in block letters with a ball point pen and read the guidelines provided on the back page carefully before filling in the form. Please use a separate

rm for each transferee	3-1-		and the second second second second	
TRANSFEROR DETAILS - (FOR INDIVIDUALS ONLY)				
Customer ID:				
Name of Principal Applicant (Mr./Mrs./Ms):				
JOINT TRANSFEROR DETAILS				
Name of Joint Applicant:				
1. Mr/Mrs/Ms				
2. Mr/Mrs/Ms				
3. Mr/Mrs/Ms				
TRANSFEROR DETAILS - (FOR INSTITUTIONS ONLY)				
Customer ID:				
Name of Institution:				
UNITHOLDING DETAILS - (RELATED TO UNITS TO BE TR	ANSFERRED IN	EACH CASE)		
Name of Fund	Type of Units	No. of Units / % of Investment	No. of Certificates	
Please lodge original certificates (If any)				
Certificate Nos:	No. of Units			
TRANSFEREE DETAILS				
Name of Transferee Mr./Mrs./Ms./Messers:				
Customer ID (If any):				
CNIC No / NTN*				
CNIC NO / NTN				
Tel (Res): Tel (Office):		Mobile: E	Email:	
Address:				
* NTN is required inplace of CNIC, In case of an Institution				
			Continued on Back Page	
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Application No: .

I/We the undersigned are the registered holder(s) of the Units of the above mentioned funds and would like to transfer the units as per the details above. I/We have read and
understood the Trust Deed(s) and Offering Document(s) of the above fund(s) and understand that the transfer would be made under the terms, conditions, rules and regulations
as mentioned in these documents. I/We take responsibility to pay all stamp and other duties and taxes in relation to the units acquired by me/us.

Transferor's Signature:		Witness			
Joint Transferor Signature(s)		Signature:			
1		Name:			
2		CNIC			
3		Address:			
Date:		<u> </u>			
(Rubber Stamp in case of Institutional Clients)					
Transferee Signature:		Witness			
Date:		Signature:			
(Rubber Stamp in case of Institutional Clients)		Name:			
		CNIC CNIC			
		Address:			
		-			
UIDELINES					
A new Application Form for purchase of Units will be fill		to this Transfer Form (if transferee is not an existing Unit Holder)			
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A new Application Form for purchase of Units will be fill					
<ol> <li>A new Application Form for purchase of Units will be fil</li> <li>It should be the responsibility of the applicant to pay a</li> </ol>	Il stamp and other duties and taxes				
<ol> <li>A new Application Form for purchase of Units will be fil</li> <li>It should be the responsibility of the applicant to pay a</li> <li>If you have any questions or need additional information</li> </ol>	Il stamp and other duties and taxes	in relation to the units acquired by him/her.			
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A new Application Form for purchase of Units will be fil      It should be the responsibility of the applicant to pay a  If you have any questions or need additional information  OR OFFICE USE ONLY  Name and Code of Authorized Branch:	Il stamp and other duties and taxes	in relation to the units acquired by him/her.			
A new Application Form for purchase of Units will be fil      It should be the responsibility of the applicant to pay a  If you have any questions or need additional information  OR OFFICE USE ONLY  Name and Code of Authorized Branch:  Details of Transfer	all stamp and other duties and taxes	in relation to the units acquired by him/her.  re-mail at: Info@UBLfunds.com. Or call us on our toll free number 0800-00026			
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1. A new Application Form for purchase of Units will be fil  2. It should be the responsibility of the applicant to pay a  If you have any questions or need additional information  DR OFFICE USE ONLY  Name and Code of Authorized Branch:  Details of Transfer  Name of Fund  Total units to be transferred:	Type of Units	in relation to the units acquired by him/her.  re-mail at: Info@UBLfunds.com. Or call us on our toll free number 0800-00026			
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Received from Mr./Mrs./Ms/Messers:	and Mr./Mrs./Ms./Messers:
Application for the transfer of:	Number of Units of
Type of Unit	Number of Certificates attached:
Name of Authorized Signatory:	Stamp Received Date / Time: