

APPLICATION TO TRUSTEE FOR PLEDGE OF UNITS



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.pk

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

PLEDGER DETAILS - (FOR INDIVIDUALS ONLY)

Customer ID:

Name of Principal Applicant (Mr./Mrs./Ms): _____

JOINT PLEDGER DETAILS

Name of Joint Applicant:

1. Mr/Mrs/Ms _____

2. Mr/Mrs/Ms _____

3. Mr/Mrs/Ms _____

PLEDGER DETAILS - (FOR INSTITUTIONS ONLY)

Customer ID:

Name of Institution: _____

UNITHOLDING DETAILS - (RELATED TO UNITS TO BE PLEDGED IN EACH CASE)

Name of Fund: _____ Type of Units: _____

Number of Units: _____

If certificates, please provide details:

Certificate Nos: _____ Denomination _____ Type of Units _____ No. of Units _____

PLEDGE HOLDER DETAILS

Name of Pledge Holder: _____

NTN

Tel: _____ Fax: _____ Mobile: _____

Address: _____

Continued on Back Page

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Application No: _____

Date: _____

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Application No: _____

Date: _____

DECLARATION

I/We the undersigned are the registered holder(s) of the Units and would like to mark pledge/lien on the Units as per the details and in favour of the pledge holder(s) as mentioned above. I/We have read and understood the Trust Deed(s) and Offering Document(s) of mentioned Fund(s) and understand that the marking of pledge/lien would be made under the terms, condition, rules and regulations as mentioned in these documents.

In making this request, I/We (the pledgers) recognize that:

- The registration of this pledge/lien places a responsibility on the Trustee to ensure that for any reason whatsoever, if the Units are encashed save any legal bar or court requiring otherwise, the proceeds accruing on such Units (hereinafter called the Pledged Units) shall be paid to the order of the pledge/lien-holder according to the provisions of the Trust Deed(s) and the Offering Document(s).
- Save any legal bar or court order requiring otherwise, any dividends that are declared to be paid in the form of additional units on the pledged units shall be paid to the order of the Unitholder(s)/Pledger, and no lien will be marked unless the Unit Holder has informed the Registrar in writing.
- The Trustee, however, does not accept any responsibility for the validity of Pledger(s)'s act of placing the pledged units under pledge/lien nor for any obligation or commitments undertaken by the pledger(s) in respect thereof.
- The pledge/lien on the pledged units shall continue till such time that the same as released by the pledge/lien holder in writing.

Pledger Signature: _____

Joint Pledger/Authorized Signature:

1. _____

2. _____

3. _____

Date: _____

Witness

Signature: _____

Name: _____

CNIC

Address: _____

Pledge Holder Signature: _____

Date: _____

(Rubber Stamp in case of Institutional Clients)

Witness

Signature: _____

Name: _____

CNIC

Address: _____

If you have any questions or need additional information, please call (021) 111-825-262 or e-mail at: Info@UBLfunds.com. Or call us on our toll free number 0800-00026

FOR OFFICE USE ONLY

Name and Code of Authorized Branch: _____

Type of Unit _____

Total Units to be pledged: _____ In words: _____

No. of Certificates attached (if any): _____ Certificates In words: _____

APPLICATION CHECK LIST

- Copy of CNIC(s)
- Memorandum and Articles of Association
- Power of Attorney
- Board Resolution regarding pledge of Units
- Any other document (Please specify)

Pledger's Receipt:

Received from Mr./Mrs./Ms./Messers: _____ and Mr./Mrs./Ms./Messers: _____

Application for the pledge of _____ number of Units of _____ type of _____ Fund

Name of Authorized Signatory: _____ Stamp & Receipt Date & Time: _____

Pledge Holder's Receipt:

Received from Mr./Mrs./Ms./Messers: _____ and Mr./Mrs./Ms./Messers: _____

Application for the pledge of _____ number of Units of _____ type of _____ Fund

Name of Authorized Signatory: _____ Stamp & Receipt Date & Time: _____