



KHYBER PAKHTUNKHWA PENSION FUND

Date :

Account Number :

Transaction ID: _____
(for office use)

Account Title :

NAME OF FUND

AL Habib GOKP Pension Fund

AL Habib Islamic GOKP Pension Fund

TAX APPLICABILITY ON WITHDRAWAL

Tax Status: Please tick the appropriate option

I file the income tax returns

I do not file the income tax returns

Please provide taxable income and tax paid/payable details for the preceding three years as per Income Tax returns filed with the Federal Board of Revenue (FBR).

S.No.	Tax Year	Tax Paid / Payable	Taxable Income
1.			
2.			
3.			

Note: Please attach copies of Income Tax Returns filed with FBR for the preceding three (3) years. In absence of the required documents, AL Habib Asset Management Limited reserves the right to deduct tax including imposition of maximum tax rate prevailing at the time to comply with the income tax laws.

WITHDRAWAL DETAILS

Please directly transfer to my already provided bank account

Please directly transfer to my below mentioned bank account details

Bank Name : _____ Branch Name : _____ City : _____

Account Number : _____ IBAN Number : _____

Withdrawal Amount : _____ Amount in words : _____

Note: Please provide complete and accurate bank details. AL Habib Asset Management Limited will not be responsible for any liability, loss or damages, compensation, legal proceedings arising as a result of the inaccurate and / or incomplete information provided by the Participant. Due to any technical reason, fund transfer may be delayed. In such case, please immediately inform AL Habib Asset Management Limited.

DECLARATION

I, the undersigned participant, hereby request withdrawal of the amount as per the details provided in this form. I confirm that I have read and understood the Trust Deed(s) and Offering Document(s) of the Fund and acknowledge that the withdrawal will be processed in accordance with the terms, conditions, rules, and regulations set forth in these documents. I further confirm that I have carefully read and completed all applicable sections of this form governing the transaction stated herein and acknowledge my understanding of the risks involved prior to submitting this form. I hereby authorize AL Habib Asset Management Limited to disclose my relevant profile information to any third party(ies) for the purposes of due diligence and/or improvement of customer services and customer experience.

I have carefully read and understood the tax related information given in this form and agree to its implications.

Participant's Signature

(For Office Use Only)

DISTRIBUTOR / SALE AGENT :

I have not identified any factor or event which may give rise to suspicion relating to money laundering and/or financing terrorism about the Participant. I will inform the AL Habib Asset Management Company Limited, if I identify any such factor or event in future relating to the Participant.

Distributor/Sale Agent : _____ (Name, Signature or / and Stamp) Branch & City : _____ (Name, Signature or / and Stamp)

Data Input : _____ (Name / Signature) Data Verified : _____ (Name / Signature) Remarks : _____

Disclaimer: Use of the name of 'Bank AL Habib Limited' as given above does not mean that it is responsible for the liabilities/obligations of 'AL Habib Asset Management Limited' or any investment scheme managed by it.