AL Habib Asset Management Limited A wholly owned subsidiary of Bank AL Habib Limited			REDEMPTION FORM
Date : D M M Y Y Y Account Number :			
REDEMPTION DETAILS			
Write either units or amount, In case both written, amount will be considered for redemption. Where units or amount requested for redemption is more than balance available, all available balance will be redeemed.			
S. No. 1. 2.	NAME OF FUND / PLAN	UNITS	OR AMOUNT (Rs.) OR OR
3.			OR
PAYMENT DETAILS			
	o my address [er to my below mentioned bank accour Branch Name :	nt details	ny already provided bank account
damages, compensation, legal proceedings arising as a result of the inaccurate and / or incomplete information provided by the investor. Due to any technical reason, fund transfer may be delayed. In such case, please immediately inform AL Habib Asset Management Ltd. OTHER DETAILS Please note that redemption cannot be processed unless original certificate(s), if issued to you, are returned to us. And all units are converted into AMC electronics from CDS account. Application incomplete in any respect and / or not accompanied by required documents are liable to be rejected or held until complete requirements are fulfilled. In case of Fixed Return Fund, Contingent Load will be payable on early Redemption by the Unit Holder which shall commensurate with net loss incurred due to such early redemption. Investors who opt to exit before maturity from Fixed Rate/ Return Fund are likely to earn a lower return than Fixed Return due to market movement and impact cost. Cooling off right : I am availing my cooling off right. (Cooling off right can be exercised within three days of issuance of initial account statement.)			
DECLARATION I/We undersigned would like to redeem my/our investment as per above details. I/We also confirm having read and understood the Trust Deeds, Offering Documents and FMR (also handed over to me) of respective Fund(s) that govern the transaction and further acknowledge having understood the risks involved. I/We agree to abide by the terms and conditions therein. I/We understand that proceed may be subject to deductions including capital gains tax.			
Signature	Signature	Signature	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 Investor. I will inform the Management Company if I identify any such factor or event in future relating to the Investor			
Distributor/Sale Agent :	(Name, Signature or / and Stamp)	Branch & City :(Na	me, Signature or / and Stamp)
Data Input :(Name / S		ame / Signature) Remarks :	

Disclaimer: Use of the name of 'Ban scheme managed by it. AHAM/04/23 (a) e for the liabilitie et Management Li nited' or any inve k AL Hab that it is resp OT AL Ha ent