

AL Habib Asset Management Limited

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(Name, Signature or / and Stamp)

A wholly	Transaction ID:(for office use)						
Date : D D M M Y Y Account Title :	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. NAI	ME OF FUND / PLAN	UNITS	OR AMOUNT (Rs.)				
1.			OR				
2.			OR				
3.			OR				
PAYMENT DETAILS							
Please send cheque to my	address	Please directly transfer to n	ny already provided bank account				
	my below mentioned bank account de	etails	, , ,				
	Branch Name :		City				
Account Number : IBAN Number :							
Note: Please provide complete and accurate bank details. AL Habib Asset Management Ltd 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 investor. Due to any technical reason, fund transfer may be delayed. In such case, please immediately inform AL Habib Asset Management Ltd.							
	OTHER DET	TAILS					
electronics from CDS account. Applica complete requirements are fulfilled. commensurate with net loss incurred a lower return than Fixed Return due Cooling off right:	be processed unless original certificate(s), if tion incomplete in any respect and / or not a ln case of Fixed Return Fund, Contingent Lodge to such early redemption. Investors who to market movement and impact cost. f right. (Cooling off right can be exercised)	f issued to you, are returned to o accompanied by required documo oad will be payable on early Red opt to exit before maturity from	ents are liable to be rejected or held until lemption by the Unit Holder which shall Fixed Rate/ Return Fund are likely to earn				
Tain availing my cooling of	——————————————————————————————————————	i within three days of issuance t	n mitial account statement.)				
DECLARATION							
Documents and FMR (also handed or	m my/our investment as per above details. ver to me) of respective Fund(s) that gover erms and conditions therein. I/We understan	n the transaction and further ac	knowledge having understood the risks				
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							

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

_ Branch & City: ___

Remarks:_

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(Name, Signature or / and Stamp)

__ Data Verified : __

Distributor/Sale Agent : __

Data Input : _