



AL Habib Asset Management Limited

A wholly owned subsidiary of Bank AL Habib Limited

REINVESTMENT FORM

Transaction ID: _____
(for office use)

Date :

Account Number :

CNIC/NICOP/
B Form No :

Account Title :

REDEMPTION DETAILS

S. No.	Name of Fund/Plan	UNITS	OR	AMOUNT (Rs.)
1.			OR	
2.			OR	
3.			OR	

Note:

- Applicable Zakat / CGT will be deducted from redemption amount.
- Net redemption proceeds will be Reinvested in the same fund/plan on the same date.
- In case of pledge No Objection Certificate (NOC) from bank will be required.
- 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. Further Contingent Load will be charged which shall commensurate with net loss incurred due to early redemption.

DECLARATION

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 including details of Sales load to be deducted, taxes thereon and in particular the risks disclosures. I/We hereby assure to the Management Company that the proceeds invested in the Fund(s) are not derived from money laundering or illegal activities and the source of funds declared is true and correct to the best of my/our knowledge and belief.

Signature

Signature

Signature

Signature

(For Office Use Only)

DISTRIBUTOR / SALES AGENT UNDERTAKING:

I/ We have explained the risk of the Fund being sold to the investor, including the possibility of principal being at higher risk in case of high risk funds. I/ we have neither made nor implied any guarantee with respect to return on investment amount, nor quoted any fixed return percentage or amount to the investor.

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.

(Name, Signature or / and Stamp)

Distributor/ Sale Agent

(Name, Signature or / and Stamp)

Name & Signature of Immediate Supervisor

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