



CAPITEC-IBBL SHARIAH UNIT FUND TRANSFER FORM

(Please Read “Terms and Conditions” overleaf carefully and fill up the form in BLOCK Letters)

To
 Managing Director
 Capitec Asset Management Ltd.
 Padma Life Tower (10th floor), Lift - 09,
 115, Kazi Nazrul Islam Avenue,
 Bangla Motor, Dhaka - 1000.

| |
|------------------------|
| Office Use Only |
| Registration No. |
| Transfer No. |

Transferor

I/We address (if changed) here in after referred to as transferor, am/are the unit holder(s) of units of CAPITEC-IBBL SHARIAH UNIT FUND.
 I/We would like to transfer units (in words units) to the following person/institution, hereinafter referred to as transferee:

Transferee (If Individual)

| | | | | | | | | | | | | |
|--------------------------|---|--------------------------|-------------------------------|--|---|--------------------------|--------------------------------------|-----------------------------|-----------------------------------|---------------------------------------|--|--|
| Name: | <input style="width: 100%; height: 20px;" type="text"/> | | | | | | | | | | | |
| Father's/Husband's Name: | | | | | | | Mother's Name: | | | | | |
| Address: | | | | | | | | Nationality: | | | | |
| Date of Birth: | DD/MM/YYYY | | NID/Passport No.: | ..... |  |  | Occupation: | ..... |  |  |  |  |
| Phone No.: | ..... |  |  | Email: | ..... |  |  | eTIN No.: | ..... |  |  |  |
| Bank: | ..... |  |  | A/C No.: | ..... |  |  | Branch: | ..... |  |  |  |
| Routing No.: | ..... |  |  | Registration No. (If any): | ..... |  |  | No. of Units Held (If any): | ..... |  |  |  |
| BO A/C No.: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Residency: | <input type="checkbox"/> Resident | <input type="checkbox"/> Non-Resident | | |
| Investment Option: | <input type="checkbox"/> SIP <input type="checkbox"/> Non-SIP | | Dividend Option: | <input type="checkbox"/> Cash <input type="checkbox"/> CIP | | | | | | | | |
| Means of Transfer: | <input type="checkbox"/> Inheritance | | <input type="checkbox"/> Gift | | <input type="checkbox"/> Operation of Law | | <input type="checkbox"/> Others..... | | | | | |

Transferee (If Institution)

| | | | | | | | | | | | |
|----------------------|---|--------------------------|----------------------------------|--------------------------|---|--------------------------|--------------------------------------|---|--------------------------------------|--|--|
| Name of Institution | <input style="width: 100%; height: 20px;" type="text"/> | | | | | | | | | | |
| Type of Institution: | <input type="checkbox"/> Local Company | | <input type="checkbox"/> Foreign | | <input type="checkbox"/> Society | | <input type="checkbox"/> Trust | | <input type="checkbox"/> Other | | |
| Registration No.: | ..... |  |  |  |  |  | eTIN No.: | ..... |  |  |  |
| Name of MD/CEO: | ..... |  |  |  |  |  |  |  |  |  |  |
| Address: | ..... |  |  |  |  |  |  |  |  |  |  |
| Phone No. (1): | ..... |  |  | Phone No. (2): | ..... |  |  | Fax No.: | ..... |  |  |
| Email: | ..... |  |  |  |  |  | Bank: | ..... |  |  |  |
| A/C No.: | ..... |  |  | Branch: | ..... |  |  | Routing No.: | ..... |  |  |
| Units Held (If any): | ..... |  |  |  |  |  | Investment Option: | <input type="checkbox"/> SIP <input type="checkbox"/> Non-SIP | | | |
| BO A/C No.: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dividend Option: | <input type="checkbox"/> Cash <input type="checkbox"/> CIP | | | |
| Means of Transfer: | <input type="checkbox"/> Inheritance | | <input type="checkbox"/> Gift | | <input type="checkbox"/> Operation of Law | | <input type="checkbox"/> Others..... | | | | |

Acknowledgement

Sale No.:

Date:

Certified that this selling agent/Capitec has received a request for transferring units of Capitec-IBBL Shariah Unit Fund to

 Issuing Officer's Seal, Signature & Date

 Authorized Person's Signature and Date



Documents Enclosed

- If Individual
- NID/Passport (Applicant and Nominee)
 - Passport Size Photograph (Applicant: 2 copies, Nominee: 1 copy)
- If Institution,
- Memorandum and Article of Association
 - Power of Attorney in Favor of Authorized Person(s)
 - eTIN Certificate
- Bank Account Certificate/Photocopy of a Blank Undated Cheque Leaf
 - eTIN Certificate (Applicant)
 - BO Acknowledgement
 - Extract of Board Resolution
 - Trade License/Trust Deed
 - Certificate of Incorporation

Witness

- | | |
|--------------------------|--------------------------|
| 1. Signature | 2. Signature |
| Name: | Name: |
| Father's/Husband's Name: | Father's/Husband's Name: |
| Address: | Address: |

Signature and Date

Signature of Transferor

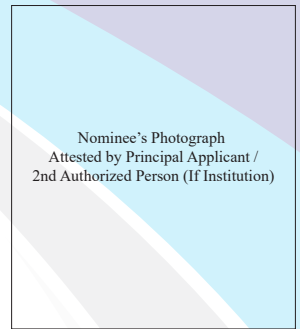
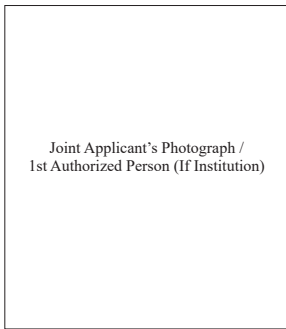
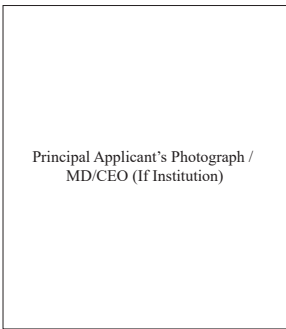
Signature of Transferee

Details of Person(s), if any

| Sl. No. | Name | Designation | Signature | Contact No. |
|-----------------|------|-------------|-----------|-------------|
| 1 st | | | | |
| 2 nd | | | | |

Mode of Operation: Jointly by Single by.....

Signature(s) and Photograph



OFFICIAL USE ONLY

Checked & Verified by, Name: Signature & Date:

Terms and Conditions

- The units may be transferred by way of inheritance/gift and/or by specific operation of the law. In case of transfer the Fund will charge a nominal fee as decided by Capitec Asset Management Ltd. (CAM) from time to time except in the case of transfer by way of inheritance
- Transfer of units is allowed only through Capitec or the selling agent from which the units were originally purchased.
- The units will be transferred on all working days except the last working day of the week and during the book closure period/record date of the Fund.
- The total number of units held by a single unit allocation confirmation is required to be transferred at a time.
- Partial transfer (fraction of total units held under a single unit allocation confirmation) is not allowed. However, the unit holders may split unit allocation confirmation to his/her desired denomination, but not less than 500 (five hundred) units per unit allocation confirmation, for the purpose of transfer.
- The Unit Allocation Confirmation(s) of the transferor is/are required to be attached with the Transfer Form.
- The conditions applicable for original unit allocation confirmation will apply even after transfer of units in the name of Transferee.

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Transferee's Registration No.: Transfer No.:

Issuing Officer Sign, Seal & Stamp

Certificate No.: Unit Allocation Confirmation No.:

Number of Units:

I/We, the said transferee, have received the above mentioned unit allocation confirmation and do hereby agree to accept and take the said unit allocation confirmation on the same terms and conditions on which they were held by the said transferor.

DD / MM / YYYY

Date

Signature of Transferee

