



CAPITEC POPULAR LIFE 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)
..... hereinafter referred to as transferor, am/are the
unit holder(s) of units of CAPITEC POPULAR LIFE 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: 15px;" 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 style="width: 20px; height: 15px;" type="text"/>				<input style="width: 20px; height: 15px;" type="text"/>				<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: 15px;" 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.:									
Registration No. (If any):														Units Held (If any):													
BO A/C No.: <input type="checkbox"/>		<input style="width: 20px; height: 15px;" type="text"/>				<input style="width: 20px; height: 15px;" type="text"/>				<input type="checkbox"/>																	
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.....											

Acknowledgement

Sale No.:

Date:

Certified that this selling agent/Capitec has received a request for transferring units
of CAPITEC POPULAR LIFE UNIT FUND to

Issuing Officer's Seal, Signature & Date

Authorized Person's Signature and Date



Documents Enclosed

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

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

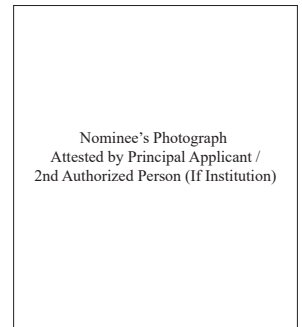
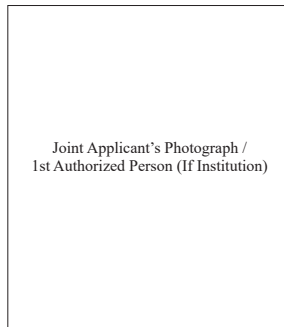
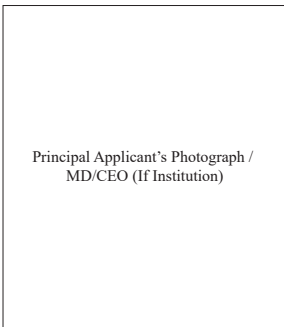
Signature of Transferee

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

- | | |
|---|--|
| 1. 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 | 4. The total number of units held by a single unit allocation confirmation is required to be transferred at a time. |
| 2. Transfer of units is allowed only through Capitec or the selling agent from which the units were originally purchased. | 5. 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. |
| 3. 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. | 6. The Unit Allocation Confirmation(s) of the transferor is/are required to be attached with the Transfer Form. |
| | 7. 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

