

UNIT - GA

ICB AMCL UNIT FUND

Asset Manager: **ICB Asset Management Co. Ltd.**
(A subsidiary of ICB)

SURRENDER FORM

(Delete words not applicable, Please write clearly)

To

(Issuing
office
Stamp)

**(To be filled in by the Issuing
Office)**

Repurchase No.
Repurchase Date
Registration No.
Signature(s)
Verified.

Date_____

I/We _____

of _____

being the registered holder(s) of _____ units at the rate of Tk. _____ Per unit of ICB AMCL

Unit Fund Represented by Certificate(s) Number(s) _____

Registration Number

Sale No. _____ TR No. _____ Hereby

declare that I/we/ am/are no longer interested in the units and surrender the related certificate(s) for repurchase
on the price ruling on the repurchase date for this surrender.

I/we desire payment in the form of _____ Payable to _____

at _____ Bank _____ Branch and such payment shall be

accepted by me/us full discharge in respect of the said Units

Witnesses

1. Signature _____
Name _____
Father's/Husband's Name _____
Occupation _____
Address _____

2. Signature _____
Name _____
Father's/Husband's Name _____
Occupation _____
Address _____

Signature of Holders

1. _____

2. _____

NOTES

1. Units will be repurchased only on all working days except Thursday of the week and book closure period by the Office, which issued the related certificates.
2. Other office will receive Surrender forms for sending to the appropriate issuing office. Holders are advised that such repurchased may be delayed and they will be charged for any postage and other cost involved.
3. The repurchase date in respect of any surrender shall be all working days except Thursday and any book closure period of the week on which it is accepted and found to be in order by the issuing office, or if accepted on any other day the last working day of the week next following. If last working day of the week happens to be a holiday the repurchase will be done on the next working day.
4. Payment will normally be made, to the first named unit holder by cheque. Payment required in any other form may involve the holder in further costs.
5. MAKE SURE All CERTIFICATES TO BE SURRENDERED ARE ATTACHED TO THIS FORM

Received cheque/pay order for Tk.on
Account of repurchase value of.....units as on Overleaf.

**Signature of Unit Holder/
Authorised Representative**