

UNIT - GHA

ICB AMCL UNIT FUND

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

TRANSMISSION FORM

(Delete Words not applicable. Please write clearly)

To

**Issuing
Office
Stamp**

(To be filled in by issuing Office)
Transfer Date
Transfer No.
Registration No.

Date _____

I/We the undersigned being _____
to the estate of the late _____
granted to me/us on the _____ requested you to register
me/ us as holder(s) of _____ units of the ICB AMCL UNIT FUND represented by
Certificate (s) number (s) _____

Registration No. _____ Sales No. _____ Tr. No. _____

Now standing registered in the name of the said deceased and I/we do hereby agree to accept and
take the said Units subject to the same conditions on which they were held by the hereinbefore
mentioned deceased.

I/We am/are not a minor(s) and am/are Bangladeshi national(s).

Signature attested:

Authority:

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

Signature attested:

Authority:

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

Specimen Signature

1. 2.

(To be filled in by issuing Office)

Registration Number:
Certificate Number(S):

No. of Unit:
Transfer Number:

READ NOTES ON REVERSE

NOTES:

1. This Transmission Form must be accompanied by documents OT entitlement such as Probate, Letters of Administration, Succession Certificate, or Certified Copies of such documents.
2. If the Successor is a minor the claim must be made on his/her behalf by a properly constituted guardian of his/her property. The Guardianship Certificate must be produced with this form and must empower the Guardian to deal in the Units.
3. The signature of claimants must be attested by a Justices of the Peace, Notary Public, Magistrate or Oath Commissioner.