

ICB AMCL UNIT FUND

Asset Manager: ICB Asset Management Company Ltd.

(A subsidiary of ICB)

UNIT- KHA**TRANSFER FORM****(Deletes words not applicable, please write clearly)**

READ NOTES ON REVERES

To be filled in by issuing Office

Transfer No.

Transfer Date

Registration No.
of Transferee (S)

Initial

**Issuing
Office
Stamp**I/we the undersigned transferor(s), being the holder(s) of Units represented by Unit
certificate No.(s)of the ICB AMCL Unit Fund standing in my/our names (Registration
No.)

Sale No Transfer No.)

do hereby transfer the said unit certificates to the hereinafter named transferee(s) to hold subject to the same conditions on which
I/we hold them at the date.*Signature of Transferor(s)***Witnesses**1. Signature _____
Name _____
Occupation _____
Address _____

1. _____

2. Signature _____
Name _____
Occupation _____
Address _____

2. _____

I/We, the said transferees(s) do hereby agree to accept and take the said Unit Certificates subject to the same conditions on which
they re hold by the said transferor(s).All payments in connection with or arising out of these Unit Certificates shall be payable in Bangladeshi Taka only including income
distribution and. or, repurchase price. I/We do hereby undertake that I/We and my/our heirs will not at any time or in any shape
claim repartition from Bangladesh of sale proceeds of these Unit Certificates and income occurred thereon. We declare that I/we
am/are not a minor(s) and that I/We am/are Bangladeshi National(s). I/we the undersigned do also hereby declare that the money
which is being invested for ICB AMCL Unit Certificate is not earned / collected directly or indirectly in Illegal way.*Signatures of the Transferees (S)***Witnesses**1. Signature _____
Name _____
Father's/Husband's Name: _____
Occupation _____
Address _____1. Signature _____
Name _____
Father's/Husband's Name: _____
Occupation _____
Address _____2. Signature _____
Name _____
Father's/Husband's Name: _____
Occupation _____
Address _____2. Signature _____
Name _____
Father's/Husband's Name: _____
Occupation _____
Address _____

Specimen Signature(s) of Transferee(s)

1. 2.

(Tobe filled in by Issuing- office)

Registration Number (s)

No bf Unit

Certificate Number(s)

Transfer Number

BLOCK LETTER PLEASE

Notes:

- 1. Any Alteration in the Transfer Form -must be confirmed by full signature of all the Transferor(s) and the transferee(s)
- 2. Where the transferee is a Charitable Organization/ Provident Fund Trust, the Transfer Form must be accompanied by the relevant documents authorizing investment in the unit Certificates such as Memorandum and Articles of the company, Bye-Laws of the Society, a Resolution by the Management Body and a, Power of Attorney in favour of the person signing, the Transfer Form.
- 3. Foreign nationals should ascertain their eligibility to hold Unit Certificates In the ICS AMCL Unit Fund before completion of this Transfer Form.
- 4. Transfers will be effected on all working days except Thursday of the week.
- 5. Please indicate previous registration n umber, if any:

Registration No
- 6. If desired to get Certificate under Cumulative Investment Plan (CIP) in lieu of dividend, please confirm.

YES / NO

Signature

Received unit Certificate duly transferred for
.....Units mentioned overleaf.

Signature(s) of Transferee(s) or Authorized Agent