

# SECOND ICB UNIT FUND

ICB2-KA (1)

Asset Manager: **ICB Asset Management Company Limited**  
(A Subsidiary of ICB)

## APPLICATION FORM FOR NOMINEE

To
Issuing Office Stamp

Nominee Control Number :  
(To be filled in by Issuing Office)

Date: .....

I/We already hold ..... Units and my/our Registration No./B.O. No. is.....  
I/We nominate the following person(s) who is/are entitled to receive unit certificate and all other entertainment outstanding in connection with my/our aforesaid Registration Number in the event of the death of the Principal Holder/Joint Holder.

### BLOCK LETTERS PLEASE

Name and Address of Nominee	Date of Birth	Relation with Principal Holder	Signature of Nominee	Photograph of Nominee (Attested by Principal Holder)	(%)

### Guardian's Details (If Nominee is Minor)

Name and Address of Guardian	Date of Birth	Relation with Nominee	Signature of Guardian	Photograph of Guardian (Attested by Principal Holder)

Principal Holder	Joint Holder (if any)
1. Signature: .....	2. Signature: .....
Name (Individual) .....	Name (Individual) .....
Reg. No./B.O. No. ....	Telephone/Cell No.....
Telephone/Cell No. ....	

Signature Verified by the Authorized Officer with date