#### ICB4-KA

# FOURTH ICB UNIT FUND

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

#### **APPLICATION FORM TO PURCHASE UNITS**

To be filled in by Issuing Office

То	Nominee Control Number:			
	Sale Day:			
	Date of Issue:			
	Registration No./B.O.No.:			
Issuing Office Stamp	Sale Number:			
Certificate Number(s) :				
	Signature of the Officer with date			
To be filled	in by the applicant(s)			
	Date:			
	Date:			
(Please write clearly and delete words if not a	annlicable)			
(Figure Write clearly and defect words if not a	ppheasicy			
·	(Taka			
	)			
•	Date			
	nit (Prevailing on the Sale Date) for application. I/We already hold /do			
not holdUnits and m	y/our Registration No./B.O. No. is			
	and understood the terms and conditions of the Deed of Trust and			
	and governed by the same on availing/using any facility. I/We further uences in case of any of the below mentioned particulars being false,			
	inform the Asset Manager of any changes to the information provided			
	d and its Asset Manager is not liable or responsible for any loss.			
	, , , , , , , , , , , , , , , , , , , ,			
All payments in connection with or arising out of	the Units hereby applied for shall be payable in Bangladeshi Taka only			
	e price. I/We the undersigned do hereby declare that the money which			
is being invested for the purchase certificates of	<b>FOURTH ICB UNIT FUND</b> is not earned /collected directly or indirectly			

\*\* For occupation classification please see Page 4
\*\*\* Read terms & conditions on see Page 4

in illegal way.

\* Purchasers sending application by post should leave this space blank for completion by the issuing office on Sale Day subject to refund of unadjusted portion of the remittance.

## **BLOCK LETTERS PLEASE**

## PRINCIPAL HOLDER

Photo of Principal Holder

Name (Individual/Institution)		8			
Father's Name		8			
Spouse's Name		8			
Mother's Name		8			
** Occupation/	Designation	8			
Nationality		8			
Date of Birth/D	ate of incorporation	8			
National ID No./Registration No. (Ins)		8			
Passport No.		8			
e-TIN Certificate	e No.	8			
Birth Certificate	e No.	8			
Correspondence/Present Address		8			
		8			
Permanent Ado	dress/Registered Address(Ins.)	8			
Telephone No.		8			
Cell No.		8			
Email ID.		8			
Source of Fund		8			
Bank Details :	A/C No	Bank Name			
		Routing No			
	Address				
	AUULESS				

**BLOCK LETTERS PLEASE** 

JOINT HOLDER

Photo of Joint Holder

Name (Individual/Institution)	8
Father's Name	8
Spouse's Name	8
Mother's Name	8
** Occupation/Designation	8
Nationality	8
Date of Birth/Date of Incorporation	8
National ID No./Registration No. (Ins)	8
Passport No.	8
e-TIN Certificate No.	8
Birth Certificate No.	8
Correspondence/Present Address	8
	8
Permanent Address/Registered Address(Ins.)	8
	8
Telephone No.	8
Cell No.	8
Email ID	8

Specimen Signature of Joint Holder (If any)

# \*\*\* TERMS & CONDITIONS

- 1. Units shall be sold through ICB AMCL Head Office and Authorized Selling Agents on all working days except Thursday and book closer period declare by office. The acceptance of any application shall be delayed until the realization of any Cheque enclosed with it. As the clearance of Cheques drawn on banks in towns other than that of the Issuing Office may take a long time, the applicants are advised to send a Bank Draft or a Pay Order.
- 2. Cheques, Pay Orders and Bank Drafts should be crossed and made payable to the concerning FOURTH ICB UNIT FUND.
- 3. Application for units shall be made for minimum of 100 (one hundred) Units.
- 4. Registration Number is issued to the Unit Holders. The existing Unit Holder is required to mention the previous Registration Number on the specified column of the Application Form when he/she intends to buy more units. More than one Registration Number is not issued to the same Unit Holder. Upon Registration of a sale, Unit Holders shall be issued with Unit Certificates. The certificates are available in denomination(s) of 1, 5, 10, 20, 50, 100, 250, 500,1000, 5000, 10000 and 20000 Units. The fewest possible number of Certificates shall be issued against each application. Unit issue process under conversion i.e. unit issue process under dematerialized form with the depository.
- 6. Application(s) by Institution, Charitable Organization/Provident Fund/Trust Fund must be accompanied by the relevant documents authorizing investment in Units such as Incorporation Certificate, Extract of Board Regulation, Memorandum and Articles of the Company, Trust Deed, Society Registration Certificate, e-TIN Certificate, Relevant Document, if Board Resolution is not required, Bye-Laws of the Society, a Resolution by the Management Body and Power of Attorney in favor of the person(s) signing the Application(s).

	Application(s).						
7.		vestment Plan (CIP): Under this scheme, Un					
		ssional rate instead of receiving cash divide	end. In this case ne	ew uni	ts would be issued at Tk. 0.10 (	paisa ten)	less thar
		ice of the next financial year.					
8.		nits under Cumulative Investment Plan (CIP)	) in lieu of Cash di	vidend	(√)	Yes	No
9.	Occupation ma	y be classified as under (√)					
	a. Civili	an		i. Hou	use-Wives		
	b. Govt	. Salaried		j. Wo	rking Women		
		Govt. Servants.		k. Wo			
		nse Personnel		I. Stu			
		essions-Legal,		m. Bar	gladeshi Residing Abroad		
		ical and Engineering etc.		n For	oign National		
		nessmen		o. Scie	eign National		
	•	culturists			cellaneous.		
	7.8.10			p	50a.1.05 d.5.		
10.	Type of Instituti	on: (√) Local Company Foreig	gn Company	]	Trust Society	Ot	her
	Documents end		, ,	J			
	(i) For Ind						
	(1) 1 01 1110	ividual .					
	a.	e-TIN Certificate		f.	National ID		
	b.	Passport		g.	Birth Certificate		
	C.	Electricity Bill		h.	Water Bill		
	d.	Gas Bill		i.	Telephone Bill		
	e.	Letter of Authority issued in favor of					
		authorized person/signatory					
	(ii) For Otl	hers:					
	( )						
	a.	Incorporation Certificate		e.	e-TIN Certificate		
	b.	Society Registration Certificate		f.	Trust Deed		
	С	Extract of the Board Resolution		g.	Memorandum and Articles	of	
	d.	Letter of Authority issued in favor of			Association		
		authorized person/signatory		h.	Relevant Document if Board	Resolution	า
					is not required		
_							
	Sign of Princip	al Holder with date		Si	gn of Joint Holder (if any) with	date	
	- 0						
					• • • • •		
					ificates for	Units	
			as mention	oned	overleat		
			(Sign of	f Annl	icant/ Authorized Agent w	(ith date)	