

FIFTH ICB UNIT FUND

ICB5-KA (1)

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

APPLICATION FORM FOR NOMINEE

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| 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