

## ICB7 - GA

## SURRENDER FORM

**(To be filled in by Issuing Office)**

To    (Issuing Office Stamp)	Repurchase No.
	Repurchase Date
	Registration No./B.O. No.
	Signature(s) Verified

Date .....

Registration No./B.O.No.....Sale No.....

.....TR No.....hereby declare that I/We  
am/are no longer interested in the Units and surrender the related Certificate(s) for repurchase on the price ruling  
on the repurchase date for this surrender.

I/We desire payment in the form of.....Payable to A/C No. .... at  
.....Bank ..... Branch and  
such Payment shall be accepted by me/us as full discharge in respect of the said Units.

1. Signature :.....  
 Name :.....  
 Father's/ Spouse's Name :.....  
 Mother's Name :.....  
 Occupation :.....  
 Address :.....

1. \_\_\_\_\_  
Signature of Principal Holder/  
Authorized Representative (In the case of Institution)

2. Signature : .....

Name : .....

Father's/ Spouse's Name : .....

Mother's Name : .....

Occupation : .....

Address : .....

2. \_\_\_\_\_  
Signature of Principal Holder/  
Authorized Representative (In the case of Institution)



**NOTES:**

1. The Repurchase Date in respect of any Surrender shall be all working days except **Thursday** and book closure period on which it is accepted and found to be in order by the Issuing Office, or if accepted on any other day the last working day of the week next following, if last working day of the week happens to be a holiday the repurchase will be done on the next working day.
2. Other Office will receive Surrender Forms for sending to the appropriate Issuing Office. Holders are advised that such repurchases may be delayed and they will be charged for any postage and other costs involved.
3. Payment will normally be made to the first named unit holder by "**A/C Payee only**" cheque. Payment required in any other form may involve the holder in further costs.
4. Application by Institution, Charitable Organization/Provident Fund/Trust Fund must be accompanied by the relevant document authorizing surrender in units such as Extract of Board Resolution, Letter of Authority issued in favour of Authorized person/signatory, A Power of Attorney in favour of the person signing the Surrender Form, relevant document if Board Resolution is not required in favour of such surrender in units etc.
5. MAKE SURE ALL CERTIFICATES TO BE SURRENDERED ARE ATTACHED TO THIS FORM.

Received Cheque/Pay Order for TK..... Cheque/Pay Order  
no.....Date.....Bank.....  
..... Branch ..... on account of  
repurchase value of ..... Units as on overleaf.

\_\_\_\_\_  
Signature of Unit Holder(s)/  
Authorized Representative (Institution)