READ NOTES ON REVERSE

ICB AMCL Shotoborsho Unit Fund

IASUF-GA

Asset Manager: ICB Asset Management Company Ltd. (A Subsidiary of ICB)

SURRENDER FORM

	(To be filled in by Issuing Office)		
ō	Repurchase No.	Repurchase Date	
	Selling Agent Code	:	
	Registration No.		
(Issuing Office Stamp)	B.O. No.	B.O. No.	
(Issuing Office Stamp)	Signature(s) Verifie	ed	
	To be filled in by the Applicant(s)	Date	
/We			
Address			
peing the Registered Holder(s) of	Units at the rat	e of TKPer Unit of	
CB AMCL Shotoborsho Unit Fund by Ce	tificate(s) Number(s)/ CDBL transfer sed	q. No. with date	
	Cala Na		
Registration/B.O. Number	Sale No		
TR No		Hereby declare that I/We	
am/are no longer interested in the Units		•	
	and surrenger the related Cernificate(s) for repurchase on the price ruling	
) for repurchase on the price ruling	
on the repurchase date for this surrende I/We desire payment in the form of			
on the repurchase date for this surrende	: Payable to A/C No.		
on the repurchase date for this surrende /We desire payment in the form of	Payable to A/C No. Bank	Branch	
on the repurchase date for this surrende /We desire payment in the form of ut	Payable to A/C No. Bank	Branch	
on the repurchase date for this surrende /We desire payment in the form of at and such Payment shall be accepted by r	Payable to A/C No. Bank	Branch	
on the repurchase date for this surrende /We desire payment in the form of at and such Payment shall be accepted by r	Payable to A/C No. Bank	Branch	
n the repurchase date for this surrende /We desire payment in the form of t nd such Payment shall be accepted by r	: Payable to A/C No. Bank ne/us as full discharge in respect of the	Branch	
n the repurchase date for this surrende /We desire payment in the form of t nd such Payment shall be accepted by r	: Payable to A/C No. Bank ne/us as full discharge in respect of the	Branch	
which the repurchase date for this surrender / We desire payment in the form of	: Payable to A/C No. Payable to	Branch	
on the repurchase date for this surrende /We desire payment in the form of t	Payable to A/C NoBank ne/us as full discharge in respect of the	said Units.	
on the repurchase date for this surrende /We desire payment in the form of t	E	Signature of Principal Holder/	
witnesses: Name: Name	E	Signature of Principal Holder/	
n the repurchase date for this surrende 'We desire payment in the form of t	Payable to A/C NoBank ne/us as full discharge in respect of the	Signature of Principal Holder/	
witnesses: Name: Name: Name: Address: Address: Naddress: Naddress: Address: Name: Address: Address: Name: Address: Address: Name: Address: Name: Address: Address: Name: Name: Address: Address: Name: Name: Address: Address: Name: Nam	Payable to A/C NoBank ne/us as full discharge in respect of the	Signature of Principal Holder/	
witnesses: Name: Name: Name: Nother's Name: Occupation:		said Units.	
with the repurchase date for this surrende /We desire payment in the form of t		Signature of Principal Holder/	
on the repurchase date for this surrende /We desire payment in the form of It		Signature of Principal Holder/	

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 may be charged for any postage and other costs involved.
- 3. Surrender of Units should be done by transferring units from the unit-holder's BO account to Fund's designated BO account. The **DP40** report will be submitted to the Issuing Office for confirming the surrender of units.
- 4. Payment will normally be made to the first named unit holder by "A/C Payee only" cheque/ BEFTN/RTGS. Payment required in any other form may involve the holder in further costs.
- 5. 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 favor of Authorized person/signatory, A Power of Attorney in favor of the person signing the surrender Form, relevant document if Board Resolution is not required in favour of such surrender in units etc.
- 6. MAKE SURE ALL CERTIFICATES/TRANSFER OF SECURITIES REPORT TO BE ATTACHED WITH THIS FORM.

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

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