

BLOCK LETTER PLEASE

BDF UNIT - KHA

BANGLADESH FUND

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

TRANSFER FORM

(Delete Words applicable, Please write clearly)  
READ NOTES ON REVERES

To be filled in by issuing office

To
<div>(Issuing office stamp)</div>

Nominee Control Number
Transfer No.
Transfer Date
Registration No. of Transferee(s)
Initial

To be filled in by the Applicant(s)

I/We the undersigned Transferor(s), being the Holder(s) of ..... Units represented by Unit Certificate No.(s) .....

of the **Bangladesh Fund** standing in my/our names (Registration No ..... Sale No ..... Transfer No. ....

do hereby transfer the said unit certificates to the hereinafter named Transferee(s) to hold subject to the same conditions on which I/We hold them at the date,

Witnesses

Signature of Transferor(s) /Authorized Representative (Institution)

Signature : .....	1.
Name : .....	
Occupation : .....	
Address : .....	
Signature : .....	2.
Name : .....	
Occupation : .....	
Address : .....	

I/We, the said transferee(s) do hereby agree to accept and take the said Unit Certificates subject to the same conditions on which they were held by the said transferor(s).

All payments in connection with or arising out of these Unit Certificates shall be payable in Bangladeshi Taka only including income distribution and or repurchase price. I/We declare that I/we am/are not a minor(s) and that I/we am/ are Bangladeshi National(s). I/We the undersigned do also hereby declare that the money which is being invested for Bangladesh Fund Unit Certificate is not earned/collected directly or indirectly in illegal way.

Witnesses

Signature of Transferee(s) / Authorized Representative (Institution)

Signature : .....	Signature : .....
Name : .....	Name (Individual/ Institution) : .....
Father's/Husband's Name : .....	Father's/Husband 's Name : .....
Mother's Name : .....	Mother's Name : .....
Occupation : .....	Nationality : .....
Address : .....	Occupation : .....
	Address : .....
	Passport No. (if any) : .....
	Phone/Mobile No. : .....
Signature : .....	Signature : .....
Name : .....	Name (Individual/Institution) : .....
Father's/Husband's Name : .....	Father's/Husband's Name : .....
Mother's Name : .....	Mother's Name : .....
Occupation : .....	Nationality : .....
Address : .....	Occupation : .....
	Address : .....
	Passport No. (if any) : .....
	Phone/Mobile No. : .....

Specimen Signature(s) of Principal holder {Transferee(s)} :

Specimen signature(s) of Joint holder { Transferee(s)} (if any)

Photo of Principal  
Holder with sign

Photo of Joint Holder  
with sign

(To be filled in by issuing office)

Registration No.

No. of Units

Certificate Number(s)

Transfer Number



NOTES :

- 1. Any Alternation in the Transfer Form must be confirmed by full signature of all the transferor(s) and the transferee(s).
- 2. Application by Institution, Charitable Organizations/ Provident Fund/ Trust Fund must be accompanied by the relevant document authorizing Transfer in units such as Extract of Board Resolution, Relevant document if Board Resolution is not required in favour of such Transfer in units.
- 3. Where the transferee is an Institution/Charitable Organization/Provident Fund/Trust Fund, the Transfer Form must be accompanied by the relevant documents authorizing investment in the Unit Certificates such as Memorandum and Articles of the Company, Bye-Laws of the Society, a Resolution by the Board of Director/ Management body and a Power of Attorney in favour of the person signing the Transfer Form.
- 4. Foreign nationals should ascertain their eligibility to hold Unit Certificates in the Bangladesh Fund before completion of this Transfer Form.
- 5. Transfers will be effected on all working days except Thursday of the week.
- 6. Please indicate previous Registration number, if any :  
Registration No. ....
- 7. Transferee must Provide Bank Account No. and Address of Bank Branch.  
Account No. .... Bank : ..... Branch : .....  
Address : .....
- 8. Transferee may provide nominee information through submitting application of Nominee Form (BDF Unit- KA (1) to authority.
- 9. If desired to get Certificate under Cumulative Investment Plan (CIP) in lieu of dividend please confirm. 

YES	NO
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\_\_\_\_\_  
Signature(s) of Transferee(s) or Authorized Representative (Institution)

Received Unit Certificate duly transferred for .....  
..... Units mentioned overleaf

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Signature(s) of Transferee(s) or Authorized Representative