

ICB AMCL CONVERTED FIRST UNIT FUND

Asset Manager : **ICB Asset Management Company Limited**

(A Subsidiary of ICB)

TRANSFER FORM

(Delete Words applicable, Please write clearly)

READ NOTES ON REVERSE

To be filled in by issuing Office

To Issuing Office Stamp	Nominee Control Number
	Transfer No.
	Transfer Date
	Registration No. of Transferee(s)
	Signature

To be filled in by the Applicant(s)

I/We the undersigned Transferor(s), being the Holder(s) ofUnits represented by Unit Certificate No.(s) of the **ICB AMCL Converted First Unit 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 : Name: Occupation: Address:	1.
Signature : Name: Occupation: Address:	2.

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)

Witnesses

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

Signature : Name: Occupation: Address:	Transferee-1 Signature : Name : Father's /Husband's Name : Mother's Name : Occupation/Description : Nationality : Date of Birth : National ID No. / Passport No. / Birth Certificate No. Address : Telephone/Cell No. E-mail :
	Transferee-2 Signature : Name : Father's /Husband's Name : Mother's Name : Occupation/Description : Nationality : Date of Birth : National ID No. / Passport No. / Birth Certificate No. Address : Telephone/Cell No. E-mail :

1.
Specimen Signature(s) of Transferee-1

2.
Specimen Signature(s) of Transferee-2

Photo of
Transferee-1
with sign

Photo of
Transferee-2
with sign

BLOCK LETTERS PLEASE

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 ICB AMCL Converted First Unit Fund before completion of this Transfer Form.
5. Transfers will be effected on all working days except **Thursday** and book closer period declare by office.
6. Please indicate previous registration number, if any: Registration No. CFUF/.....
7. Transferee must Provide Bank Account no. and Address of Bank Branch.
Account No.:.....Bank :Branch :
Routing No.Address :
.....
8. Transferee may provide nominee information through submitting application of Nominee Form {(CFUF-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 of Transferee(s) or Authorized Representative