Photo of

Transferee-2

with sign

Photo of

Transferee-1

with sign

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

- No. 181 -	To be	filled in by issuing Office
0		Nominee Control Number
	25 2	Transfer No.
		Transfer Date
		Registration No. of Transferee(s)
Issuing Office Stamp		Signature
		filled in by the Applicant(s)
		older(s) ofUnits represented by Unit Certificate No.(
of the ICB AMCL Converted Firs	st Unit Fund stand	ding in my/our names (Registration No
o hereby transfer the said unit	certificates to the	Transfer No hereinafter named Transferee(s) to hold subject to the same condition
on which I/ We hold them at the Vitnesses	date,	Signature of Transferor(s)/Authorized Representative (Institution)
Signature :		
Name:		
Occupation:		
Address:		[2] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2
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NOT	res:			
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 NoAddress :			
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			
	Signature(s) of Transferee(s) or Authorized Representative (Institution)			