

ICB AMCL CONVERTED FIRST UNIT FUND

Asset Manager : **ICB Asset Management Company Limited**
(A Subsidiary of ICB)

TRANSMISSION FORM

(Delete Words not applicable). Please write clearly.

To be filled in by issuing Office

To

Issuing Office Stamp

Nominee Control No.

Transfer Date

Transfer No.

Registration No.

To be filled in by the Applicant(s)

Date :

I/We the undersigned being
to the estate of the late
granted to me/us on the request you to
register me/us as holder(s) ofunits of the **ICB AMCL Converted First Unit Fund**
represented by Certificate(s) number (s)

Registration No. CFUF/..... Sale No.
.....Transfer No.....

Now standing registered in the name of the said deceased and I/we do hereby agree to accept and take the said
Units subject to the same conditions on which they were held by the hereinbefore mentioned deceased.

I/We am/are not a minor(s) and am/are Bangladeshi national(s)

Signature attested :

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 :

Authority :

Signature attested :

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 :

Authority :

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

(To be filled in by issuing office)

Registration Number :

Certificate Number(s) :

No. of Units:

Transfer Number :

NOTES:

1. This Transmission Form must be accompanied by documents of entitlement such as probate, Letters of Administration, Succession of Certificate or Certified Copies of such documents.
2. If the Successor is a minor the claim must be made on his/her behalf by a properly constituted guardian of his/her property. The Guardianship Certificate must be produced with this form and must empower the Guardian to deal in the Units.
3. The signature of claimants must be attested by a Justices of the Peace, Notary Public, Magistrate or Oath Commissioner.
4. **Transferee must Provide Bank Account No. and Address of Bank Branch.**

Account No.: Bank : Branch :

Routing No. Address :
.....

5. Transferee may provide nominee information through submitting application of Nominee Form {{CFUF Unit-KA(1)}} to authority.
6. If desired to get Certificate under Cumulative Investment Plan (CIP) in lieu of dividend - please confirm. (✓)

| | |
|-----|----|
| YES | NO |
|-----|----|

.....
Signature(s) of Transferee(s)

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

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