

# Fourth ICB Unit Fund

Asset Manager: **ICB Asset Management Company Ltd.**

(A Subsidiary of ICB)

Authorization form for **Systematic Investment Plan (SIP)** through EFT Debit

## Section 1: To be filled by the SIP Unit Holder(s)

Date: .....

| Unit Holder's Details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |   |   |   |   |   |   |   |   |                                                                                                                                                    |  |                                  |   |                                  |   |              |   |   |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---|---|---|---|---|---|---|---|----------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|---|----------------------------------|---|--------------|---|---|---|
| Name of the Unit Holder(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |   |   |   |   |   |   |   |   |                                                                                                                                                    |  |                                  |   |                                  |   |              |   |   |   |
| Registration/BO. Number*:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |   |   |   |   |   |   |   |   |                                                                                                                                                    |  |                                  |   |                                  |   |              |   |   |   |
| Installment Amount (BDT)*: (Taka in word: )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |   |   |   |   |   |   |   |   |                                                                                                                                                    |  |                                  |   |                                  |   |              |   |   |   |
| Payment Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |   |   |   |   |   |   |   |   | Amount Collection Date: 10 <sup>th</sup> of each month                                                                                             |  |                                  |   |                                  |   |              |   |   |   |
| EFT Debit Starts On:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | D | D | M | M | Y | Y | Y | Y | EFT Debit Ends On:                                                                                                                                 |  | D                                | D | M                                | M | Y            | Y | Y | Y |
| Bank Account Holder(s) Details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |   |   |   |   |   |   |   |   |                                                                                                                                                    |  |                                  |   |                                  |   |              |   |   |   |
| Name of the Bank Account Holder(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |   |   |   |   |   |   |   |   |                                                                                                                                                    |  |                                  |   |                                  |   |              |   |   |   |
| Bank Account Number*:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |   |   |   |   |   |   |   |   | Bank Name*:                                                                                                                                        |  |                                  |   |                                  |   | Branch Name: |   |   |   |
| Bank Routing Number*:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |   |   |   |   |   |   |   |   | Account Type*:                                                                                                                                     |  | <input type="checkbox"/> Current |   | <input type="checkbox"/> Savings |   |              |   |   |   |
| Account Holder's E-mail:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |   |   |   |   |   |   |   |   |                                                                                                                                                    |  |                                  |   |                                  |   |              |   |   |   |
| Account Holder's Contact No*:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |   |   |   |   |   |   |   |   | Relationship With Account Owner:                                                                                                                   |  |                                  |   |                                  |   |              |   |   |   |
| Account Holder's Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |   |   |   |   |   |   |   |   | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Children<br><input type="checkbox"/> Others (specify) ..... |  |                                  |   |                                  |   |              |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |   |   |   |   |   |   |   |   |                                                                                                                                                    |  |                                  |   |                                  |   |              |   |   |   |
| *Mandatory fields; EFT: Electronic Fund Transfer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |   |   |   |   |   |   |   |   |                                                                                                                                                    |  |                                  |   |                                  |   |              |   |   |   |
| <p>I/We, maintaining an account with the above mentioned bank, hereby would like to inform you that I/We have authorized to debit my/our account through BEFTN by an amount not exceeding the above mentioned amount. The BEFTN debit transaction will be initiated by the designated bank at the instruction of <b>Fourth ICB Unit Fund (SIP)</b> managed by ICB Asset Management Company Ltd. The account shall be debited on monthly basis and the instruction shall be valid from the debit start date to debit end date as mentioned above. This is for your kind information and support in this regard.</p> <p>I have read and understood the "Terms and conditions of payment through BEFTN Auto-Debit" payment Process which may be altered, modified and replaced from time to time by ICB AMCL as per regulatory requirements.</p> |  |   |   |   |   |   |   |   |   |                                                                                                                                                    |  |                                  |   |                                  |   |              |   |   |   |
| <p>.....</p> <p>Signature of the Unit holder(s) as per Bank Record</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |   |   |   |   |   |   |   |   |                                                                                                                                                    |  |                                  |   |                                  |   |              |   |   |   |

## Section2: To be filled by Bank:

|                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  |                          |  |   |   |   |   |   |   |   |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--------------------------|--|---|---|---|---|---|---|---|---|
| Bank Name:                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |                          |  |   |   |   |   |   |   |   |   |
| Branch Name:                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |  | Routing Number:          |  |   |   |   |   |   |   |   |   |
| Branch Mailing Address:                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  | Branch Telephone Number: |  |   |   |   |   |   |   |   |   |
| <p>We confirm that information of the Account Holder(s) mentioned above and also confirm that, the bank account number provided above is correct and is maintained with our bank</p>                                                                                   |  |  |  |  |  |  |  |  |  |                          |  |   |   |   |   |   |   |   |   |
| <div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="text-align: center;"> <p>Bank's</p> <p>Seal</p> </div> </div>                                             |  |  |  |  |  |  |  |  |  |                          |  |   |   |   |   |   |   |   |   |
| <p style="text-align: right;">.....</p> <p style="text-align: right;"><b>Signature of the Authorized Bank Official</b></p> <p style="text-align: center;"><b>[This form cannot be processed without Bank's Seal and Signature of the Authorized Bank Official]</b></p> |  |  |  |  |  |  |  |  |  |                          |  |   |   |   |   |   |   |   |   |
| Name of the Authorized Person of the Bank with ID No.:                                                                                                                                                                                                                 |  |  |  |  |  |  |  |  |  |                          |  |   |   |   |   |   |   |   |   |
| Mobile Number:                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  | Date:                    |  | D | D | M | M | Y | Y | Y | Y |

## Section 3: To be filled by ICB Asset Management Company Ltd. or Selling Agent

|                                      |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |
|--------------------------------------|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|
| SIP Sale No/ CDBL transfer Seq. No.: |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |
| Verified By:                         |  |  |  |  |  |  |  |  |  | Signature with date: |  |  |  |  |  |


**Fourth ICB Unit Fund**
**Terms and Conditions for Systematic Investment Plan (SIP) installment through EFT Debit**

Transactions under this Authorization will be subject to the BEFTN Operating Rules of Bangladesh Bank, as applicable from time to time. The laws of Bangladesh shall govern the following Terms and Conditions:

1. EFT Debit facility for SIP installment payment can be availed after the registration is accepted and is in force. Payments other than installment or arrears of installment cannot be paid through EFT Debit;
2. This SIP Form must be sent in original to Asset Management Company (AMC) or Selling Agent. A Photocopy of the MICR cheque leaf should be attached with this Form so that AMC can record the Bank Account details accurately. Investor can start SIP with a small amount that is minimum monthly BDT 1,000.00 or any multiple of BDT 1,000.00 & Quarterly 5,000.00 or any multiple of BDT 5,000.00. The tenor of the plan can be set for 3 years;
3. The SIP Form is accepted subject to (a) matching of the bank account details with the bank's records, (b) verification of unit holder(s) by the bank, (c) availability of funds in the mentioned account and (d) acceptance of payment by AMC subject to the terms and conditions of the subscription;
4. This SIP Form must reach Selling Agent's Office at least thirty (30) days before the date on which it is to be activated. If the payment instruction date falls on Thursday or a weekend or a public holiday or book closer period, the same may be effective on the next Transaction day.
5. This instruction shall remain in full force and effect until otherwise advised in writing by the accountholder and such advice should be communicated to Selling Agent and received by Selling Agent at least thirty (30) days before the next payment is due. Any such amendments/cancellations will not release the account holder from the liability to the Bank arising on account of the Bank having executed the instruction before receipt of such amendments/cancellations;
6. Unit Holder should ensure that sufficient funds are available in the bank account at the time of debit date and this Authorization is not dishonored. Sometimes it is possible that due to some technical or other reason Installment is not debited on the debit date and is delayed by few days. Please ensure the availability of funds for at least seven (7) days before debit date to avoid dishonors. AMC or Selling Agent will not be responsible for any dishonor raised by the bank and any dispute regarding the same should be taken up with the bank only. In case the Debit does not take effect for three (3) consecutive times then the SIP would be liable for cancellation;
7. Fourth ICB Unit Fund reserves the right to reject any application without assigning any reason thereof;
8. No installment receipt will be issued by the Selling Agent for EFT Debit payments. An annual statement or certificate of installment Payment, as applicable may be obtained from AMC upon written request of the unit holder. Please contact AMC Office at Green City Edge (4<sup>th</sup> Floor), 89, Kakrail, Dhaka-1000 or at Phone no. 8300412, if you need any information of your installment payment.

**I/We confirm having read and agreed to the terms and conditions mentioned above.**

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**Signature of the Unit holder(s)**

**[This form cannot be processed without Signature(s) of the unit holder(s) in both sides of this form]**