

TRANSFER FORM

(Delete Words not applicable, Please write clearly)  
READ NOTES ON REVERES

To

Issuing  
Office  
Stamp

To be filled in by Issuing Office

Transfer No.

Transfer Date

Registration No.  
of Transferee(s)

Initial :

Date

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

of the ICB AMCL 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

1. Signature

Name

Occupation

Address



Signature of Transferor(s)

1.

2. Signature

Name

Occupation

Address



2.

I/We, the said trasferee(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 do hereby undertake that I/We and my/our heirs will not at any time or in any shape claim repartition from Bangladesh of sale proceeds of these Unit Certificates and income accrued thereon. 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 ICB AMCL Unit Certificate is not earned/collected directly or indirectly in illegal way.

Witnesses

1. Signature

Name

Father's/Husband's Name :

Occupation

Address



Signature of Transferee(s)

1. Signature

Name

Father's/Husband's Name :

Nationality

Occupation

Address

2. Signature

Name

Father's/Husband's Name :

Occupation

Address



2. Signature

Name

Father's/Husband's Name :

Nationality

Occupation

Address

Specimen Signature(s) of Transferee(s)

1. .... 2. ....

(To be filled in by issuing office)

Registration Number(s)      No. of Unit      Certificate Number(s)      Transfer Number

BLOCK LETTER 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. Where the transferee is a Charitable Organisation/Provident Fund Trust, the Transfer Form must be accompanied by the relevant documents authorising investment in the Unit Certificates such as Memorandum and Articles of the Company, Bye-Laws of the Society, a Resolution by the Management Body and a Power of Attorney in favour of the person signing the Transfer Form.
  3. Foreign nationals should ascertain their eligibility to hold Unit Certificates in the ICB AMCL Unit Fund before completion of this Transfer Form.
  4. Transfers will be effected on all working days except Thursday of the week.
  5. Please indicate previous registration number, if any :  
Registration No. ....
  6. If desired to get Certificate under Cumulative Investment Plan (CIP) in lieu of dividend, – please confirm.

YES	NO.
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\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Signature(s) of Transferee(s) or Authorised Agent