ICB AMCL ISLAMIC UNIT FUND

Asset Manager: ICB Asset Management Company Ltd.

(A Subsidiary of ICB)

TRANSFER FORM

(Delete Words applicable, Please write clearly) READ NOTES ON REVERES

To be filled in by Issuing Office

	Nominee Control Number							
TO Tran	Transfer No.							
Trar	nsfer Date							
Reg	istration No. of Transferee(s) IUF/							
Sign	Signature :							
(Issuing Office Stamp)								
To be filled in by the Applicant(s)								
I/We the undersigned Transferor(s), being the Hold Unit Certificate No. (s)	der(s) ofUnits represented by							
_	ny/our names (Registration No IUF/							
Transfer								
	it certificates to the hereinafter named Transferee(s) to							
hold subject to the same conditions on which I/ We	· ·							
BLOCK LI	ETTER PLEASE							
Witnesses								
Signature :	Signature of Transferor(s)/Authorized Representative (Institution)							
Name:								
Occupation:	1.							
Address:								
Signature :	2.							
Name:								
Occupation:								
Address:								



Prospectus of ICB AMCL Islamic Unit Fund | 47

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).

Photo of Transferee-1 with sign

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

Witnesses:	Transferee-1
Signature :	Signature :
_	Name:
Name:	Father's Name:
Father's /Husband's Name:	Husband's Name:
Mother's Name:	Mother's Name:
Occupation:	Occupation/Description
•	Nationality:
Address:	Date of Birth/Date of incorporation:
	National ID No./Registration No. (Ins)
	Passport No
	e-TIN Certificate No
	Birth Certificate No
	Correspondence/Present Address:
	Permanent Address/Registered Address(Ins.):
	Telephone No
	Cell No
	E.mail :
	Bank Details : A/C No
	Bank Name
	Branch
	Routing No
	Address

Specimen Signature of Transferee-1



Photo of Transferee-2 with sign

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

Witnesses:	Transferee-2			
Signature :	Signature :			
-	Name			
Name:	··· Father's Name:			
Father's /Husband's Name:	Husband's Name:			
Mother's Name:	Mother's Name:			
Occupation:	Occupation/Description			
•	Nationality			
Address:	Date of Birth/Date of incorporation:			
	. National ID No./Registration No. (Ins)			
	Passport Noe-TIN Certificate No			
	e-TIN Certificate No			
	Birth Certificate No			
	Correspondence/Present Address:			
	Permanent Address/Registered Address(Ins.):			
	Telephone No.			
	Cell No			
	E.mail :			

Specimen Signature of Transferee-2

NOTES:

- 1. Any Alternation in the Transfer Form must be confirmed by full signature of all the transferor(s) and the transferee(s).
- 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 ISLAMIC UNIT FUND before completion of this Transfer From.



5.	Transfers office.	will be effected on all wor	king days exc	cept Thu	rsday	y and book closer period	declare	by			
6.	Please indicate previous registration number, if any: Registration No. IUF/										
7.	Transferee may provide nominee information through submitting application of Nominee Form										
	[IUF Unit.	IUF Unit. KA(1)] to authority.									
8.	_	to get Certificate under Cu	ımulative Inv	estment	: Plar	n (CIP) in lieu of	YES	NO			
		lease confirm.				` ,					
	·										
9. C	a. Civ b. Go c. Noi d. Def e. Prof Med f. Ref g. Bus	nay be classified as under rilian vt. Salaried n. Govt. Servants. fense Personnel fessions: Legal, dical and Engineering etc. tired Personnel sinessmen riculturists		j. k. l. m. n. o.	Wor Stud Ban Ford Scie		ıd				
	ii. Agi	iculturists		ρ.	IVIIOC	ciianeous.					
		ments enclosed Individual:	Foreign (Company		Trust Society	Oth	er			
	a. b. c. d. e.	Tin Certificate Passport Electricity Bill Gas Bill Letter of Authority issued authorized person/signate			f. g. h. i.	National ID Birth Certificate Water Bill Telephone Bill					
	(ii) For C	Others:									
	a. b. c	Incorporation Certificate Society Registration Cert Extract of the Board Reso Letter of Authority issued authorized person/signate	olution in favor of		e. f. g. h.	Tin Certificate Trust deed Memorandum and Artic Association Relevant Document if E Resolution is not require	Board				
	Received U mentioned	nit Certificate duly transferre overleaf.				s) or Authorized Representati U		tion)			
			_								

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