

ATLAS ASSET MANAGEMENT LIMITED
APPLICATION FORM
(FOR SUBSEQUENT PURCHASE OF UNITS)

For Office Use Only:	
Folio No: _____	Received Date: _____
Sale No: _____	Offer Price: _____

Name of Fund/Plan: _____

CLIENT INFORMATION

Client Name: _____ Folio No: _____

INVESTMENT DETAILS

(All payments shall be made in the name of: "CDC-Trustee Name of Respective Fund" for investment in mutual funds and "CDC-Trustees Atlas Funds" for investment in administrative plans.)

Date of Investment: _____ Investment Amount* Rs: _____ Rupees in words: _____

Mode of Payment: Cheque Pay-order Demand Draft Transfer No: _____

Drawn on (Name of Bank & Branch): _____

Bank Address: _____ Postal Code: _____

*Amount invested will be adjusted for certificate if it is requested and payment is not included

CERTIFICATE INSTRUCTIONS

Units will be issued in registered, uncertificated form and will be confirmed by means of an Account Statement issued by the Transfer Agent Unit Certificate(s) will be issued only if requested and on payment of Rs. 25 per Certificate. Payment of Certificate(s) may be combined with the payment for Units. Certificate(s) will not be issued for any administrative plans.

No. of Certificates _____ Denomination (Units) _____

DECLARATION AND CONFIRMATION

I/We declare that I am/we are not minor(s). I/We will not claim repatriation from Pakistan of dividend and sale proceeds of the Unit(s) except as permissible under the rules of State Bank of Pakistan or Ministry of Finance, Government of Pakistan. I/We have read and understood the Offering Document(s) of the respective Atlas Fund(s) and/or Supplementary Offering Document(s) of the respective administrative plans(s). I/We apply for the Units of the Scheme(s)/Plan(s) and I/We agree to abide by the terms, conditions, rules and regulations of the Scheme/Plan. I/We confirm to have understood the terms and conditions, investment objectives, strategy, fundamental objectives and risk factor applicable to the respective Atlas Fund(s)/Plan(s).

	Name	Signature
First Applicant		
Second Applicant		
Third Applicant		
Fourth Applicant		



PROVISIONAL RECEIPT (Please make sure to take the receipt with you)

Received from Mr./Mrs./Ms./Messers:	Sale No:	Authorized Branch:
Name of Fund/Plan:	Date:	(Stamp)
Total Amount Received (Rs.): _____ In words: _____	Authorized Signatory:	
Mode of Payment: Cheque <input type="checkbox"/> Pay-order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Transfer <input type="checkbox"/> No: _____		
Drawn on (Name of Bank & Branch): _____		



Atlas Asset Management