



Habib Asset Management Limited

PURCHASE OF UNITS

For office Use Only:

Sale No. _____

WE DO NOT ACCEPT CASH

INFORMATION ABOUT THE PRINCIPAL ACCOUNT HOLDER (PLEASE USE BLOCK LETTERS)

Name:				Date	
Folio Number (if already allotted):		CNIC/NTN* No.			

Investment Details

	Name of the Fund / Investment Plan	Amount in Figures Rs.	Amount in Words	Mode of Payment Demand Draft/Cheque /Pay Order	Bank & Branch Name	Instrument No.
(1)						
(2)						
(3)						

Name: Please ensure that your crossed Cheque / Pay Order / Demand Draft is made in the name of the selected funds as follows:
"CDC Trustee <Fund Name>". Instruments should be crossed 'Account Payee Only'

I/ We hereby acknowledge having read and understood the relevant Trust Deed and Offering Document that govern this transaction including applicable sales load @ _____ % of NAV which will be charged to the investor. I/ We further acknowledge having understood the risk involved as per Trust Deed and Offering Document.

SIGNATURE(S) _____
(Principal Holder) (Joint Holder 1) (Joint Holder 2) (Joint Holder 3) Stamp (Institutional Clients Only)

Note: In case of Institutional Investors please affix company stamp.

COOLING OFF RIGHTS

- The unit holders have the right to obtain a refund of their First time investment (Cooling off) in a particular open end mutual fund.
- This right is available to individual unit holder only.
- The cooling off period shall comprise of three business days commencing from the date of issuance of initial Account Statement to the unit holder.
- The cooling off right shall be exercised by the unit holder upon written request (referred to the concerned clause of redemption) to the AMC within the time specified in point # (c).
- The refund of every unit held by the unit holder pursuant to the exercise of a cooling off right should be an amount equal to NAV per unit applicable on the date the cooling off right is exercised which is payable within six business days from the receipt of written request.
- AMC shall refund the Front end load (Sales Load) paid by the unit holder, however contingent load (Back end load) will be payable by the unit holder where applicable.

For Office Use

Sale No. _____	Date: _____ Form Received
Form Received By: _____	Signature: _____
Form Verified By: _____	Signature: _____
	Stamp: _____

Client Copy

Sale No. _____	Date: _____ Form Received
Title of Investor Account _____	Investment Amount (PKR) _____
Folio Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Distributor's Name _____	Signature and Stamp: _____
Code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FEL Applicable Yes <input type="checkbox"/> No <input type="checkbox"/>	Sales Load _____ %
Authorized Person's Name _____	Signature and Stamp: _____