



Habib Asset Management Limited

PURCHASE OF UNITS FORM



For office Use Only:

Sale No. _____

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

Name: Mr./ Ms./ Mrs./ M/s	Folio Number (if already allotted):	Date
	CNIC/ NTN* No.	

DETAILS OF INVESTMENTS

Payments shall be made through, payees account cheque, pay order, demand draft, bank transfer in favour of "CDC Trustee [Name of the Fund]"

Name of Fund :

Rs. _____ Rupees _____

Mode of Payment Cheque Demand Draft Pay Order Bank Transfer

Instrument No. _____ Date _____

Drawn On (Name of Bank) _____

I/ We hereby acknowledge having read and understood the relevant Trust Deed and Offering Document that govern this transaction and further acknowledge having understood the risk involved.

NAME OF UNIT HOLDER(S) _____

SIGNATURE(S) _____

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

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FACILITATOR INFORMATION

Name	Facilitator Code.	Remarks/ Instructions	Signature

FOR DISTRIBUTOR

Distributor	Distributor Code.	Form Received On	Transaction No.	Authorised Signature & Stamp

Remarks:

FOR REGISTRAR USE

Form Received on	Data Input Date	Data & Attachments Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	Sale Price	Authorised Signature & Stamp

*For Institution Only