Investment Form "B1"

MCB Asset Management Company Limited
UAN: 111-000-622 Tel: 021-2276900 Fax: 021-2276908

We do NOT accept Cash.

Date : _____

1) Applicant's Details (To be filled for all requests)

Registration Number:		CNIC (For Individuals ONLY)	— —
Title of Account:			

2) INVESTMENT

INVEST IN (Please write in front of the relevant fund's name)		AMOUNT Rs.	Payment Frequency (Incase of Income Units Only) (Please Tick the relevant box)
CDC Trustee-MCB Dynamic Cash Fund	Growth Units		
	Income Units		☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually
	Cash Dividend Units		
CDC Trustee-MCB Dynamic Stock Fund			
CDC Trustee - MCB Dynamic Allocation Fund	Growth Units		
	Cash Dividend Units		
Others ----------			
	TOTAL		

TOTAL AMOUNT IN WORDS: _____

Mode of Payment (Please TICK the relevant box)				Instrument No.	Drawn on (Bank)	Name of Branch
☐ Cheque	☐ Pay Order	☐ Demand Draft	☐ Bank Transfer			

3) Signatures (For both INDIVIDUALS & INSTITUTIONS)

I/We hereby acknowledge having read and understood the relevant Trust Deed(s), Offering Document(s) and Supplemental Offering Document(s) if any, that govern this transaction and further acknowledge having understood the risks involved. I/We hereby also acknowledge having understood that (a) units, against my investment, would be issued on the price announced at the close of the day on which my payment instrument is cleared and funds are realized, (b) the Repurchase value of units on any one day in all funds (except those funds on which no fees is applicable as per offering documents) may be less than the amount invested on that day due to the front-end load, as explained more fully in the Offering Document.

Authorised Signatories/Joint Holder(s) Name	Signature
1. Mr./Mrs./Ms.	
2. Mr./Mrs./Ms.	
3. Mr./Mrs./Ms.	
4. Mr./Mrs./Ms.	
	Principal Applicant's Signature & Company Stamp (in case of Institutions)

4) Distribution Details (For Office Use Only)

Distributor/Facilitator Name:		CODE:	Distributor's Stamp and Time
Branch Name:		City:	

5) Registrar Details (For Office Use Only)

Form received on (date)		Date and attachments verified by:	
Data input by		Authorised signature:	
Remarks:			