



# 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 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.**

NAME OF UNIT HOLDER(S) \_\_\_\_\_

SIGNATURE(S) \_\_\_\_\_

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.

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#### FACILITATOR INFORMATION

Name	Facilitator Code.	Remarks/ Instructions	Signature
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#### FOR DISTRIBUTOR

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

#### FOR REGISTRAR USE

Form Received on	Data Input Date	Data & Attachments Verified Yes No	Sale Price	Authorised Signature & Stamp
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\*For Institution Only