



Habib Asset Management Limited

REQUEST FOR REGISTRATION OF UNITS UNDER LIEN

For office Use Only:

Pledge/ Lien No. _____

Name of Fund : _____		Date _____		
PARTICULARS OF PLEDGER				
Physical Units Issued <input type="checkbox"/> Yes <input type="checkbox"/> No No. of Unit(s) _____ Folio No. _____				
<input type="checkbox"/> Accounts Balance Statement attached <input type="checkbox"/> Physical Certificates attached-details given				
Certificate Nos.		Denomination		
_____	_____	<input type="checkbox"/> 10 x _____ = _____	<input type="checkbox"/> Jumbo _____	
_____	_____	<input type="checkbox"/> 50 x _____ = _____	<input type="checkbox"/> Fractional _____	
_____	_____	<input type="checkbox"/> 100 x _____ = _____		
_____	_____	<input type="checkbox"/> 500 x _____ = _____		
While making such request I/ We recognize and understand that:				
- The registration of this pledge/ lien places a responsibility on you to ensure that all benefits accruing on such units (herein after referred to as Pledged Units) shall be held or paid to the order of the pledgee.				
- Save any legal bar or court order requiring otherwise, any dividends that are declared on the pledge unit(s) shall be paid to the order of the pledgee, any bonus Units that the pledge unit(s) are entitled to shall automatically be marked under the lien of the lien holder(s)				
- You do not however, accept any responsibility for the validity of my/ our act of pledging of unit(s) nor for any obligation or commitments undertaken by me/ us in respect thereof.				
- The pledge/ lien on the pledged Units shall continue till such time it is released by the pledgee/ lien holder(s) in writing.				
Name: Mr./ Ms./ Mrs.		Signature		CNIC NO.
1				
2				
3				
4				
PARTICULARS OF PLEDGEE/ LIEN				
Name: Mr./ Ms./ Mrs./ M/s		Address		
CNIC No.		Phone/ E-Mail :		Signature:
PLEDGEE'S NAME(S) & SIGNATURE(S)				
Name: Mr. / Ms. / Mrs.		Signature		CNIC NO.
1				
2				
3				
FOR OFFICE USE ONLY				
FACILITATOR INFORMATION				
Name	Facilitator Code.	Remarks/ Instructions		Signature
FOR DISTRIBUTOR				
Distributor	Distributor Code.	Form Received On	Attachment Verified	Authorised Signature & Stamp
Remarks:				
FOR REGISTRAR USE				
Form Received on	Data Input Date	Lien Marked By:	Data & Attachments Verified By:	Authorised Signature & Stamp