



Habib Asset Management Limited

SPECIAL INSTRUCTIONS FORM

For Official Use Only

Special Instruction No. _____

NAME OF FUND		Date		
INFORMATION ABOUT THE PRINCIPAL ACCOUNT HOLDER (PLEASE USE IN BLOCK LETTERS)				
Title of Account			Folio No.	
New Address				
New Tel Nos. & Fax	Off:	Res:	Fax:	
Mobile/ Email				
Zakat Exemption	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Exemption	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CHANGE IN JOINT HOLDERS(S)				
Deletion		Addition		
Name: Mr./ Ms./ Mrs.	Name: Mr./ Ms./ Mrs.	CNIC NO.	Signature	
1		1		
2		2		
3		3		
CHANGE IN NOMINEE(S)				
Deletion		Addition		
Name: Mr./ Ms./ Mrs.	CNIC NO.	Name: Mr./ Ms./ Mrs.	CNIC NO.	
1		1		
2		2		
CHANGE IN ACCOUNT OPERATING INSTRUCTIONS				
<input type="checkbox"/> Princial Account Holder <input type="checkbox"/> Jointly (any two signatories) <input type="checkbox"/> Jointly (All) <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Other instructions (Attached)				
CHANGE IN BANK ACCOUNT DETAILS				
Account Title		Account Number		
Name of Bank & Branch				
CHANGE IN FREQUENCY OF STATEMENT				
Do not Send Account Statement(s) at all <input type="checkbox"/> Send More Frequently: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> H-Yearly <input type="checkbox"/>				
DIVIDEND PAYMENT				
(please tick the appropriate text box below)				
<input type="checkbox"/> To be reinvested for purchase of additional units <input type="checkbox"/> Transfer to my bank as per details given above <input type="checkbox"/> Mail at the registered address as per details given above <input type="checkbox"/> Encash Bonus Units (as and when issued) at Ex-Bonus Price and send amount to: Bank <input type="checkbox"/> Registered Address <input type="checkbox"/>				
DECLARATION				
I/ We undersigned being the registered holder(s) under the afformentioned Folio No. request you to record the changes as provided above I/ We understand the relevent trust deed and offering document and further acknowledge having understood the risks involved.				
_____ Signature of Applicant(S) (Stamp in case of Institutions)				
FOR OFFICE USE ONLY				
FACILITATOR INFORMATION				
Name	Facilitator Code.	Remarks / Instructions	Signature	
FOR DISTRIBUTOR				
Distributor	Distributor Code.	Form Received On	Remarks if any	Authorised Signature & Stamp
Remarks:				
FOR REGISTRAR USE				
Form Received on	Data Input Date	Data & Attachments Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorised Signature & Stamp	