

Redemption of Unit(s) Form

Date: ____ - ____ - ____

Section 1: Account Details

Account Title: _____
Contact Name (For Institutions): _____
Guardian's Name (in case of Minor): _____

JSIL Account No.: _____
CNIC/ Passport No. (For individuals): _____
NTN: _____

Section 2: Redemption Details

No.	Name of Fund	Type of Units	Redemption as: <input type="checkbox"/> Amount (Rs) OR <input type="checkbox"/> No. of Units	Form of Units
1		<input type="checkbox"/> Growth <input type="checkbox"/> Income	In Figures: In Words:	<input type="checkbox"/> Electronic <input type="checkbox"/> CDS Holding <input type="checkbox"/> Physical Certificates
2		<input type="checkbox"/> Growth <input type="checkbox"/> Income	In Figures: In Words:	<input type="checkbox"/> Electronic <input type="checkbox"/> CDS Holding <input type="checkbox"/> Physical Certificates
3		<input type="checkbox"/> Growth <input type="checkbox"/> Income	In Figures: In Words:	<input type="checkbox"/> Electronic <input type="checkbox"/> CDS Holding <input type="checkbox"/> Physical Certificates

In case of CDC Holding, please provide CDC redemption form: CDC Investor Account No.: _____ Participant ID: _____ CDC Sub-account No.: _____
In case of Physical Certificates, please attach certificates with this form, and provide: No. of Units: _____ Certificate No(s): _____

Section 3: Payment (or Reinvestment/ Gain Realization) Details

Please select how you would like to receive your redemption proceeds:

- Cheque / Demand Draft | Note: Instruments shall only be made in the name of the Principal Account Holder
- Online Transfer into Bank Account available in Client's profile with JSIL | Note: In case valid bank account is not available in Client's profile, a Cheque / Demand Draft will be issued.
- Online Transfer into Bank Account as per details provided below: (Note: In case of non-availability of Online transfer facility into the Bank Account provided below, a Cheque / Demand Draft will be issued)

Bank Account Title: _____ IBAN: _____
Branch Name: _____ Branch Code: _____ Bank Name: _____
Address: _____

Reinvest my redemption proceeds in the same Fund from which redemption was made. (For Gain realization purposes)

Section 4: Declaration (for All Applicants)

- I/We hereby acknowledge that I/We have fully understood all the reference notes; and the provisions of the Trust Deed and offering Document including the risk disclosures and warnings.
- I/We hereby ratify that the information provided on this form is correct and that no other person(s) has any financial interest in this account.
- I/We will not claim repatriation from Pakistan of dividend or sales proceed of unit(s) registered in my/our account except as permissible under the rules of State Bank of Pakistan or Ministry of Finance, Government of Pakistan.

Principal / Authorized Signature

Joint / Authorized Signature

Authorized Signature

Authorized Signature

Note: In case of Minor / Guardian / Shaky signature / Thumb Impression, please submit a clear copy of CNIC and "B-form" (only in case of Minor). In such cases, two witnesses are required to sign the form.

Witness (1) Name: _____ Signature: _____ CNIC/ Passport No.: _____
Witness (2) Name: _____ Signature: _____ CNIC/ Passport No.: _____

Reference Notes

● If any field is not applicable kindly write N/A. ● The form must be signed by the persons as per the list of authorized signatories (along with a company stamp in case of institutional customers). ● In case the applicant is Minor, Guardian's CNIC copy shall be provided. His / Her form will also need to be signed by the guardian as an authorized signatory. ● All transaction amounts and Unit(s) are subject to levies, duties, charges, etc. as per the relevant statutes enforced for the time being in Pakistan. ● Management Company or Trustee has the right to reject application in accordance with the Trust Deed and/or Offering Document. ● All correspondence will be made with Principal Account Holder only. ● In case online transfer of Redemption proceeds is not available, a Check / Demand will be issued. ● **Documents Required For Institutions:** Board Resolution authorizing transaction, if not covered, under the one submitted at time of registration.

For Official Use

Channel Partner: _____ Region / City: _____ Branch Name / Code: _____
Relationship Manager: _____ Comments: _____

Proof of Application for Redemption of Unit(s) - (Investor's Copy)

Date: ____ - ____ - ____

Account Title: _____ JSIL Account No.: _____
Redemption Details: 1. Fund Name: _____ 2. Fund Name: _____ 3. Fund Name: _____
Amount/ Units/ %: _____ Amount/ Units/ %: _____ Amount/ Units/ %: _____

Channel Partner: _____ Relationship Manager: _____

Receiving Stamp & Signature: