## 3i AMCL 1st Mutual Fund Asset Manager: 3i Asset Management Company Limited TRANSFER FORM

(Please read Terms and conditions on reverse carefully)
Date: \_\_\_\_\_ / \_\_\_\_

\_ / \_

То For Office use only The Managing Director & CEO **Registration No:** 3i Asset Management Company Limited Transfer No: Modhumita Cinema Building (2nd floor), South Side, 158-160, Motijheel C/A, Dhaka-1000. (Please fill up the form in BLOCK LETERS) I/We address (if change) \_\_\_\_\_ units of 3i AMCL 1<sup>st</sup> Mutual Fund. I/We would like to transfer \_\_\_\_ Hereinafter referred to as transferor, am/ are the holder(s) of \_\_\_\_\_ \_ Units (in \_ Units) to the following person/institution, hereinafter referred to as transferee: words Transferee: Name: Mr./Mrs./Ms. -Father/Husband: Mother: - Occupation: Registration No. (for existing units' holder only): Address: Nationality: \_ National ID/Passport No. (if any): Date of Birth: \_\_\_ E-mail: Tel: \_\_\_ \_Bank: \_\_\_ Branch: \_\_\_ Routing No: Bank A/C No: BO A/C No: Residency: Resident Non-Resident Dividend Option: Cash CIP Means of Transfer: Ginteritance Gift Operation law If Transferee is Institution: \_ No. of units held (if any): \_\_\_\_ Registration No. (if existing units' holder): Name of Institution: \_ TIN No: -Address: \_ Type of Institution: 🗌 Foreign Company 🗌 Society 🗌 Trust 🗌 Other 🛛 Tel No: ---------- Fax No: E-mail: Routing No: Bank: Branch: Bank A/C No: BO A/C No: Dividend Option: Cash CIP Means of Transfer: Inheritance Gift Operation law Details of person(s), if any: SL. Name Designation **Signature** 1. 2. Mode of Operation: Jointly by \_\_\_\_\_ \_ and \_\_\_\_ singly by Documents Enclosed: Memorandum and Article of Association Extract of Board Resolution Certificate of Incorporation Power of Attorney in Favor of Authorized person(s) TIN certificate Trust Deed Witness 1. Signature Signature of Transferor(s) : Name Father's /husband's Name: Address 2. Signature Signature of Transferee(s) Name Father's /husband's Name: Address For Office Use Only Checked and verified by Name: \_ Signature: Date: \_\_\_\_ / \_\_\_\_ /\_\_\_\_

ACKNOWLEDGEMENT
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		Management Company Ltd. has received a request for tra to	nsforming Units
Seal and Dat	te issuing Office	Transfer No:	Authorized Signature Name& Designation)
		TERMS AND CONDITIONS	
no	-	by way of inheritance/gift and /or specific of the law. In Asset Management Company Limited from time to time	-
2. Tra	ansfer of Units is allowed th	rough the Asset Manager.	
	e Units will be transferre priod/record date of the fun	d on all working days except the last working day of d.	the week and during the book closing
		d by a single certificate is required to be transferred at a t	
		cation(s) of the transferor is/are required to be attached v	
		t holder(s) intend to transfer is/are required to be attach	
tra		ity of the transferor's confirmation of Unit allocation (s) a ager will deliver the new confirmation of Unit Allocation i	
8. Th		r initial confirmation of Unit Allocation will apply even	n after transfer of Units in the name of
		FOR OFFICE USE ONLY	
Fransferee R	Registration No:	Transfer No:	Date:/ /

Confirmation of Unit Allocation No:	No of Units:	——— Certificate No: ———	
Seal and Signature of issuing Office			

I/We, the said transferee, have received the above-mentioned Confirmation of Unit Allocation and do hereby agree to accept and take the said confirmation of Unit Allocation on the same terms and conditions on which they were held by the said transferor.

Signature of Transferee

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_