



**United Growth & Income Fund**

Managed by UBL Fund Managers Ltd. (Formerly United Asset Management Company Ltd.)

5th Floor, Office Tower, Techno City, Hasrat Mohani Road, Off I.I. Chundrigar Road, Karachi

UAN: (021) 111-825-262 Fax: (021) 2214930 E-mail: info@UBLfunds.com website: www.UBLfunds.com



Please read the guidelines provided on the back page carefully before filling in the form

**UNIT HOLDER DETAILS-(FOR INDIVIDUALS ONLY)**

Registration No. (for existing investors only):		CNIC No.:	
Name of Applicant / First Named Joint Applicant Mr./Mrs./Ms:			
Name of Father/Husband:	Tel. Res:	Tel. Off:	Mob:
Address:			
E-mail:	Fax:	Date of Birth (For minor applicant):	
Name of Guardian (for minor applicant):		Relation with minor:	
Zakat exemption Yes <input type="checkbox"/> No <input type="checkbox"/> , if yes please provide affidavit		Occupation (Please specify):	

**JOINT APPLICANT DETAILS**

Name of Joint Applicant Mr./Mrs./Ms:		CNIC No.:	
Name of Father/Husband:			
Address:	Tel. Res:	Tel. Off:	Mob:
E-mail:	Fax:	Date of Birth (For minor applicant):	
Name of Guardian (for minor applicant):		Occupation (Please specify):	

Encashment/transfer Application Forms will be signed by all Joint Holders, <input type="checkbox"/> or to be signed by the first named Joint Holder only <input type="checkbox"/> or Either or survivor <input type="checkbox"/>	Name of Nominee _____
	Relation with Unit Holder _____
	Address: _____
	CNIC No.: _____

**UNIT HOLDER DETAILS-(FOR INSTITUTIONS ONLY)**

Registration No. (for existing investors only):			
Name of Institution:			
Address:			
NTN:	Zakat exemption: Yes <input type="checkbox"/> No <input type="checkbox"/> , if yes please provide affidavit		
Status/Category-[Please Select One]			
Commercial Bank <input type="checkbox"/>	Pension Fund <input type="checkbox"/>	Insurance Company <input type="checkbox"/>	NBFC <input type="checkbox"/>
Trust <input type="checkbox"/>	Provident Fund <input type="checkbox"/>	DFI <input type="checkbox"/>	Corporate <input type="checkbox"/>
NGO <input type="checkbox"/>	Other (Please specify) _____		

**INVESTMENT DETAILS**

Investment Amount (Rs.):	In Words:
Type: Growth <input type="checkbox"/> Income <input type="checkbox"/> (for details see below)	
No. of Units: To be determined based on the Units Price applicable on the day of realization of funds	
Mode of Payment: Cheque <input type="checkbox"/> Pay-order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Transfer <input type="checkbox"/> No.:	
Drawn on (Name of Bank & Branch):	
Please Note:	
<ul style="list-style-type: none"> <li>• Growth Units are offered to Investors with a back-end load structure as defined in Section 6 of the Offering Document.</li> <li>• Income Units are offered to Investors with a flat front-end load as defined in Section 6 of the Offering Document.</li> <li>• Cheque/Pay-order/Demand draft to be made in favor of 'CDC Trustee United Growth and Income Fund' and crossed 'Payee Account only'</li> </ul>	

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<b>United Growth &amp; Income Fund</b>	
5th Floor, Office Tower, Techno City, Hasrat Mohani Road, Off I.I. Chundrigar Road, Karachi	
UAN: (021) 111-825-262 Fax: (021) 2214930 E-mail: info@UBLfunds.com website: www.UBLfunds.com	
Application Number: _____	Date: _____

## UNITS-MODE OF HOLDING

- Account Statement (Units will be issued in registered, uncertificated form and will be confirmed by means of an account statement issued by the Transfer Agent)
- Unit Certificate (Unit certificate(s) will be issued only if requested and on payment of Rs. 25/- per certificate. Payment for certificate(s) may be combined with the payment for unit(s). Unless indicated by the applicant, minimum number of certificates will be issued)
- It is clarified that whichever option the Unit holder opts for, there are procedures laid down in each case for encashment, transfer and pledge of Units.
- Unit certificates (if requested) and account statement will be dispatched at the registered address within 15 days of the realization of funds.
- Account statement will normally be issued at the time of movement, i.e. at purchase, redemption and profit payment. If the Unit Holder requires any other frequency, he/she is requested to intimate the transfer agent accordingly and provide a valid E-mail address for the said purpose.

## DECLARATION

I/We have read and understood the Trust Deed and Offering Document of United Growth and Income Fund and I/We hereby apply for the Units in the Fund. I/We agree to abide by the terms, conditions, rules and regulation of UGIF. I have carefully read and completed all applicable sections of this Application Form prior to submission.

Applicant Signature: \_\_\_\_\_

Joint Applicant/Authorized Signature: \_\_\_\_\_

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

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

## DISTRIBUTION DETAILS (For Office Use)

Distributor: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Sub Agent: \_\_\_\_\_

Reference #: \_\_\_\_\_

City: \_\_\_\_\_

## GUIDELINES

- 1- Please complete the Application Form in block letters with a ball point pen.
- 2- In case of partnership firm or a trust, application shall be made in the name of partners or trustees.
- 3- Copies of the following documents are required to be attached with the application for purchase of units. The Distribution Company is entitled to verify the signatures on the Application Form and copy of the documents attached with the original or request for attested copies.
  - a). Individuals (new applicants only): Copy of Computerized National Identity Card(s)
  - b). For Companies/Trust/Statutory Bodies (new applicants only or if there are any amendments in these documents):
    - Memorandum and Articles of Association/Bye Laws/Trust Deed
    - Power of Attorney or other document authorizing the officer(s) signing the application
    - Computerized National Identity Card(s) of the authorized signatory officer(s)
    - Board resolution authorizing Investment
- 4- It should be the responsibility of the applicant to pay all stamp and other duties and taxes in relation to the units acquired by him/her.
- 5- Details of more than two Joint-Holders should be provided on a separate sheet and should be annexed to this Application Form.
- 6- Processing charges of Rs. 200 per transaction would apply on encashment of units having a face value of Rs. 1,000,000/- and above. If you have any questions or need additional information, please call (021) 111-825-262 or e-mail at: info@UBLfunds.com

## APPLICATION CHECK LIST

- |   |  |
|---|--|
| <input type="checkbox"/> Copy of CNIC(s)                                    | <input type="checkbox"/> Memorandum and Articles of Association  |
| <input type="checkbox"/> Power of Attorney                                  | <input type="checkbox"/> Board Resolution Authorizing Investment |
| <input type="checkbox"/> Cheque/Pay-order/Demand Draft/Credit Advice (IBCA) | <input type="checkbox"/> Zakat Affidavit (where applicable)      |
| <input type="checkbox"/> Any other document (Please specify) _____          |  |

Received from Mr./Mrs./Ms:		Stamp & Receipt Date & Time:	
Type:	Growth <input type="checkbox"/>	Income <input type="checkbox"/>	
Total Amount Received (Rs.):		In words:	
Mode of Payment: Cheque <input type="checkbox"/>		Authorized signatory:	
Pay-order <input type="checkbox"/>			
Demand Draft <input type="checkbox"/>			
Transfer <input type="checkbox"/>			
No.:			
Drawn on (Name of Bank & Branch):		Dated:	