faysal funds
The Art of Investment

Redemption Application Form

Please read the "Guidelines" overleaf before filling this form.

Date _____ Registration No _____

INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER

Account Title _____ CNIC / NICOP / NTN ☐☐☐☐☐ - ☐☐☐☐☐☐☐ - ☐

NAME OF FUND / PLAN	TYPE OF UNITS		REDEMPTION AMOUNT	
	TYPE A	TYPE B	IN (Rs./ Units)	IN WORDS
1. Faysal Money Market Fund (FMMF)	☐	Fixed ☐ Flexible ☐		
2. Faysal Savings Growth Fund (FSGF)	☐	Fixed ☐ Flexible ☐		
3. Faysal Islamic Savings Growth Fund (FISGF)	☐	Fixed ☐ Flexible ☐		
4. Faysal Financial Sector Opportunity Fund (FFSOF)	☐			
5. Faysal Islamic Asset Allocation Fund (FIAAF)	☐			
6. Faysal Income & Growth Fund (FIGF)	☐			
7. Faysal Asset Allocation Fund (FAAF)	☐			
8. Faysal Stock Fund (FSF)	☐			
9. Faysal MTS Fund (FMTSF)	☐			
10. Faysal Halal Amdani Fund (FHAF)	☐			
11. _____				

Certificates Issued	☐ No ☐ Yes	Certificate No: _____ is/are attached with this Form. ☐ Cancel, split and reissue the attached certificate ☐ Do not issue certificates, start normal statement system	
CDC Unit Issued	☐ No ☐ Yes	CDC Investor Account / Participant ID _____	CDC Sub Account No _____

PAYMENT INSTRUCTIONS

Please provide redemption proceeds in the form of ☐ Crossed Cheque ☐ Pay-order ☐ Online Transfer ☐ RTGS

Please send the payment to ☐ Registered Address ☐ Bank Deposit* ☐ Other instruction _____

Registered Address (If Changed) _____

Bank Details *Fill only if you have marked Bank Deposit	Account Title: _____	Bank Account Number: _____
	Bank Name: _____	Bank Branch & City: _____

DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S)

I/We confirm having filled & signed this application form after having read and understood the relevant Trust Deed(s), Offering Document(s) and all Supplemental of the respective underlying Fund(s)/Plan and the risks involved and further acknowledge the risk involved in mutual funds.
I have understand that redemption (either in part or full) is liable to capital gain tax / Zakat , if any

Applicant's / Guardian's Signature _____

Joint Applicant'(s) / Authorized Signature(s) 1. _____ 2. _____ 3. _____ 4. _____

Date: _____

(Rubber stamp required in case of Institutional Clients)

DISTRIBUTOR DETAILS (FOR OFFICE USE ONLY)

Facilitator Name & Code _____ Form Date _____

Distributor Name & Code _____ Facilitator / Distributor Signature _____

REGISTRAR DETAILS (FOR OFFICE USE ONLY)

Particulars verified by (Name & Signature) _____ Redemption date _____

Data input by _____ Form No _____ Certificates verified and defaced by _____

Name of Authorized Person _____ Authorized Signature _____

RECEIPT (TO BE FILLED BY DISTRIBUTOR / FACILITATOR)

Date _____

Redemption form received from Mr/ Ms/ Mrs _____ for redemption of _____ units/ amount of _____
Fund along with certificates where applicable.

Authorized Branch Stamp _____ Authorized Signatory _____ Received By _____

GUIDELINES FOR COMPLETING THE REDEMPTION FORM

This form would be used for disinvestment from the funds managaed by Faysal Asset Management Limited for both Individual and Institutional Customers. Please complete the application form in **BLOCK** letters.

INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER

1. Applicant name and Registration No. should be clearly mention in the form.
2. The Unit Holder may choose to specify the redemption in terms of Rupees or Units. For redemption of all units please simply write the word "ALL" in the Redemption amount column.

INSTRUCTIONS REGARDING CERTIFICATES

3. The Account Holder needs to specify whether he/she had taken physical possession of the certificates against his/her investment. If the account holder ticks in the box provided against 'yes' option the certificates would need to be attached with the redemption form. Redemption transaction shall not take place unless original certificates are surrendered at the time of redemption.
4. The Account Holder would also need to identify if he / she wishes to 'Cancel', 'Split and Reissue Certificates' or would not want the 'Issue of new Certificates'.

INSTRUCTIONS REGARDING REDEMPTION PROCEEDS

5. Payment of redemption proceeds will be made by the Trustee within six Business days after the receipt of a properly documented request for redemption of units by relevant Distribution Company.
6. If redemption request on any single day exceeds 10% of the total number of Units in issues, the Trustee shall redeem only 10% on a first -come-first-serve-basis and defer the remaining redemption requests to the next Business Day.
7. Applicable Zakat/ CGT will be deducted from investor's account in addition to the redemption amount.
8. In case available amount in a fund is less than the amount requested in this form, the entire amount will be redeemed.
9. In case the Unit Holder(s) signature(s) varys from the specimen signature(s) provided in the Account Opening Form, the redemption will be treated as "Cancelled".
10. Copy of the CNIC of the beneficiary along with the third party letter is required to be submitted if redemption proceeds are to be credited to the bank account of a third party. (Applicable for individuals only)
11. Redemption Payment to Unit Holder(s) shall be made either through cross cheque / pay order / online bank transfer. However, in case of online payment transfer, the bank account status should be "Online" for the said transfer. Any error in filling this information may cause delay in transfer of funds to the said Unit Holder(s) or in case of any discrepancy in the bank details, payment will be made through cross cheque / pay order in the name of principal unit holder.

AUTHORIZATION BY JOINT HOLDER SIGNATORIES

12. All Joint Holders as specified in the Account Opening Form under the section 'Operating instructions' will need to sign this form, and specify their Names
*In case of Corporate Clients , Company's Seal is required.

OTHER INSTRUCTIONS

13. In case the applicant is illiterate and cannot sign, then he/she will submit either a clear copy of CNIC with photo or one recent passport size photograph authenticated by his/her banker. Witness would also be required to authenticate the form. In the side case, redemption proceeds will be credited to the designated bank account; no proceeds will be sent to the registered address.
14. If redemption form is received by Faysal Asset Management and or Distributor/Facilitator after the Cut - off time (5:00 PM) on any business day , that transaction will be processed on the next working day and Faysal Asset Management will not be hold responsible for any loss consequent to such processing of redemption form on the next working day.

KINDLY PROVIDE YOUR FORM WITHIN CUT-OFF TIMINGS : 9:00 A.M TO 5:00 P.M AS PER BELOW PAYMENT INSTRUCTIONS:

Name of Plan	Contingent Load
Faysal Sharia Capital Preservation Plan (FSCPP)	For First Year 2%
	For Second Year 1%
Faysal Sharia Capital Preservation Plan-II (FSCPP-II)	For First Year 2%
	For Second Year 1%
Faysal Active Principal Preservation Plan (FAPPP)	For First Year 2%
	For Second Year 1%

Faysal Asset Management Limited
West Wing, 7th Floor,Faysal House, Sharah-e-Faisal, Karachi.
U 92 21 111 329 725 W www.faysalfunds.com E customerservices@faysalfunds.com

Risk Disclosure: All investment in mutual funds are subject to market risks. The NAV of units may go up or down based on the market conditions. Past performance is not necessarily indicative of future results. Please read the offering documents of respective schemes for understanding the investment policies and the risk involved.