

FAYSAL BALANCED GROWTH FUND



Faysal Asset Management Limited FAYSAL BALANCED GROWTH FUND Investor's Account Opening Form - FBGF - 01 (TO BE FILLED IN BLOCK LETTERS)

New
 Changes / Amendments
Reference No: _____

INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER										Date							
Name: Mr. /Mrs./ Ms./ M/s				CNIC No.				Phone No. (Off)				Res:					
Father's/ Husband's Name				Zakat Deduction <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declaration Attached				Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married				Signature of Guardian					
Name of Guardian (for minor applicant)				Address													
City		Postal Code		Country				Fax no.		E-Mail							
Gender M <input type="checkbox"/> F <input type="checkbox"/>		Nationality		Date of Birth				Specimen Signature (With Rubber Stamp in case of Institutional Clients)									
OCCUPATION- [please select one]																	
<input type="checkbox"/> Professional		<input type="checkbox"/> Business		<input type="checkbox"/> Service-Public		<input type="checkbox"/> Service-Private		<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Housewife		<input type="checkbox"/> Student		<input type="checkbox"/> Retired		<input type="checkbox"/> Others	
FOR INSTITUTIONAL CLIENTS																	
Type of Organization		<input type="checkbox"/> Public Ltd. Companies		<input type="checkbox"/> Private Ltd. Companies		<input type="checkbox"/> NGO		<input type="checkbox"/> Provident/Pension/Gratuity Fund		<input type="checkbox"/> NBF1 / NBF2		<input type="checkbox"/> DFI		<input type="checkbox"/> Insurance Co.		<input type="checkbox"/> Others (Please specify)	
Incorporation/ Registration No.				NTN No.				- - - - -				or <input type="checkbox"/> Non-Resident					
FULL DETAILS OF BANK ACCOUNT OF PRINCIPAL ACCOUNT HOLDER										Bank Name							
Branch Name				Account No.													
Request for Account Statement				<input type="checkbox"/> Account Statement of Units will be issued in registered, uncertificated form and will be confirmed by means of an account statement issued by the Registrar.													
Request for Physical Certificates				<input type="checkbox"/> Unit Certificate(s) will be issued only if requested and on payment of Rs. 25/ certificate(s) may be combined with the payment for Unit(s). Unless indicated by the applicant, minimum number of certificates will be issued.													
STATEMENTS <input type="checkbox"/> Half-yearly <input type="checkbox"/> Send More Frequent at additional charge (<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly)																	
Dividend Option / Dividend Mandate		<input type="checkbox"/> Do not reinvest dividend and transfer to my bank account				<input type="checkbox"/> Please provide me with Dividend Warrants											
		<input type="checkbox"/> Reinvest dividend amount and convert into units at repurchase price of Ex-dividend															
JOINT HOLDERS DETAILS (IF ANY)																	
NAME		SIGNATURE				CNIC No.											
Mr. /Mrs./ Ms./ M/s																	
Mr. /Mrs./ Ms./ M/s																	
Mr. /Mrs./ Ms./ M/s																	
INSTRUCTIONS TO OPERATE THE ACCOUNT FOR INDIVIDUALS / GROUP OF PERSONS, INSTITUTIONS/FUND AS PER THEIR BOARD RESOLUTION																	
<input type="checkbox"/> Jointly		<input type="checkbox"/> Singly		<input type="checkbox"/> Either or Survivor				<input type="checkbox"/> Others (Please Specify)									
NOMINEE																	
Name: Mr. /Mrs./ Ms.								Relation with principal holder									
Address				CNIC No.:				Telephone #									
OPTIONAL INFORMATION (Select one/whichever is applicable)																	
Education			Monthly Income			Bank Deposits			Other Investments								
Basic	Graduate	Higher	Over 10,000	Over 25,000	Over 50,000				Govt. Savings	Stock Market	Property	Other					
FOR OFFICIAL USE ONLY																	
APPLICATION CHECKLIST																	
<input type="checkbox"/> Copy of CNIC(s)				<input type="checkbox"/> Board Resolution (authorizing investment)				<input type="checkbox"/> Any Other Document (Specify)									
<input type="checkbox"/> Zakat Declaration (where applicable)				<input type="checkbox"/> Memorandum and Articles of Association/ Bye Laws/ Trust Deed				<input type="checkbox"/> Documentary evidence for tax exemption (if any)									
<input type="checkbox"/> Power of Attorney(s)				<input type="checkbox"/> Certificate of Incorporation/ Registration				(or any other document authorizing officers to operate the account)									
Facilitator Code			Distributor Name & Code			Investment Form No.			Investment Form Date								
Name of Authorized Person at Distribution Centre								Authorized Signature									
FOR REGISTRAR USE ONLY																	
Date Account Opening Form Received			Registration # issued to client			Data input By			Data and Attachments Verified By								
Remarks																	

To be filled by the Distribution Company (Investor's Receipt)

Receipt		Date _____	
Received from _____			
Application Form for Account Opening / changes / amendments to existing Account.			
<input type="checkbox"/> Unit certificate not requested		_____	
		Authorized Branch (Rubber Stamp)	
		Authorized Signatory	

Faysal Asset Management Limited
FAYSAL BALANCED GROWTH FUND
Investor's Account Opening Form - FBGF - 01

Guidelines for Completing the Application for Account Opening

This Form is a one-time requirement for both Individual and Institutional Customers, and is required to be filled when the account is opened for the first time or if there are any changes in investors' particulars.

Please complete the application form in Block letters and write with a ball pen.

INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER

- 1) Information about the Principal Account Holder is recorded under this section.
- 2) Please make sure that information i.e. name, address, telephone number provided in this section are correct.
- 3) In case of an Individual, if the client chooses "NO" for Zakat Deduction, the Zakat declaration would be required (in case of joint holder declaration from all holders will be required).
- 4) In case of Institutional Clients, ensure that type of institution and Registration/Incorporation number and the NTN number is filled in under the "For Institutional Client" section. All non-resident companies need to tick in the box assigned for the purpose.

DETAILS OF BANK ACCOUNT OF PRINCIPAL HOLDER

- 5) Please make sure to provide correct details of bank account of Principal Account Holder. Any error in filling this information may cause delay in transfer of funds to the account holder.

DETAILS OF JOINT HOLDER(S) IF ANY

- 6) If there are any Joint Holders, their name(s) need to be specified along with their CNIC # and signature (Joint signatories for institution).
- 7) Please "Tick" how the account shall be operated.

DEATH OF UNIT HOLDER

- 8) In the case of FAML receiving notice of the demise of an investor, FAML shall not be obliged to allow the transfer of title, redemption or pay out any dividends with-out the production of evidence of title or right to the units which FAML considers sufficient.

OPTIONAL INFORMATION

- 9) The account holder is encouraged to fill in the Optional Information. Knowledge about the customers would help us serve them more efficiently.

CHECK LIST

- 10) In case of Individual Client Attested copies of CNIC's*, Zakat Declaration (if exemption claimed) will be required.
- 11) In case of Institutional Client attested copies of:
 - a) CNIC's* (authorized officers)
 - b) Power of Attorney (s) (or any other document authorizing officer to operate the account)
 - c) Board Resolution (authorizing investment)
 - d) Memorandum and Articles of Association/Trust Deed/Bye Laws
 - e) Certificate of Incorporation/Registration

*Note; In the absence of CNIC, to better facilitate our clients, ATTESTED copies of the old NICs ALONG WITH proof of application (NADRA receipt) for the new CNICs, can also be accepted.

OTHER INSTRUCTIONS

- 12) Principal Account Holder must sign in the space meant for the purpose. Without signature of the Principal Account Holder, the officer at Distributor Office will not accept the form.
- 13) In case the account holder is illiterate and cannot sign, then he/she must be required to submit either a clear copy of CNIC with photo or one recent passport size photograph authenticated by his/her banker.
- 14) The account holder should either mark all empty spaces in the form "Void" or cross (X) them out
- 15) In case of an Application form being filled in by the guardian, on behalf of a minor(s), the name of the minor(s) as well as the guardian should be written clearly on the Form and the guardian's signature should be recorded.
- 16) Cash shall not be accepted.
- 17) It shall be the responsibility of the applicant to pay all stamp and other duties, taxes and processing charges in relation to the units acquired by him/her.
- 18) If an acknowledgement of the investment is not received within 10 working days, the investor should contact Faysal Asset Management Limited.

If you have any questions or need additional information, please call:
(92) (21) 111-329-725 (111 FAYSAL)

If you have any questions or need additional information, please call:
(92) (21) 111-329-725 (111 FAYSAL)

or contact the Management Company at;
1st Floor, Faysal House,
Opp. Regent Plaza Hotel,
Main Shahrah-e-Faisal, Karachi.

Authorized Branch
(Rubber Stamp)

Authorized Signatory

INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER					Date					
Name: Mr. /Mrs./Ms./M/s			CNIC No.							
			Registration No. (if any)							
INVESTMENT DETAILS										
Amount (Rs):				In Words:						
Name of Guardian (for minor applicant)					Signature of Guardian					
No. of units:										
Mode of Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Pay-order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Telegraphic Transfer										No. _____
Drawn on: (Name of Bank & Branch):										
Please Note: Cheque/Pay-order/Demand Draft/ Telegraphic Transfer to be made in favor of "CDC - Trustee FBGF" and crossed "Payee Account Only"										
DECLARATION										
I/We hereby confirm having read and understood the relevant Trust Deed, Offering Documents that govern this transaction and further acknowledge understanding of the risk involved.										
Signature of applicant/joint applicant(s) (with rubber stamp in case of intitutional customers)										
Witness Name (Incase of illiterate investor):			Occupation		Address			Signature		
FOR OFFICIAL USE ONLY										
<input type="checkbox"/> Cheque / Payorder / Demand Draft / Telegraphic Transfer				<input type="checkbox"/> Power of Attorney (or any other document authorizing officer to operate the account)						
<input type="checkbox"/> Board Resolution authorizing investment (required with fresh investment)				<input type="checkbox"/> Any other documents (please specify)						
<input type="checkbox"/> Copy of CNIC(s) of Authorized officers *				(* Not required if provided with Account Opening Form and there is no change in the existing Authorized Signatories)						
FACILITATOR INFORMATION										
Facilitator Name			Facilitator Code		Remarks/Instructions from facilitator			Signature of Facilitator		
FOR REGISTRAR USE ONLY										
Application Received On		Data Input By	Data and Attachments Verified By		Certificate # (if issued)	Funds Received on (Data)	Rate/Unit (Rs.)		Number of Units allotted	
DISTRIBUTOR INFORMATION										
Distributor Name			Distributor Code		Investment form No.			Transaction Date		
Name of Authorized Person at Distribution Centre							Authorized Signature			
Remarks (Please mention unique reference transaction number for credit to "CDC - Trustee FBGF" with account number 110-2151855-143)										
										No. _____

To be filled by the Distribution Company

Receipt		Date _____	
Received from _____ Application Form for			
the sale of _____ units of FBGF with cheques/ draft/			
payorder/ telegraphic transfer number _____ dated _____			
for Rs. _____		drawn on _____	
		Authorized Branch (Rubber Stamp)	Authorized Signatory

Faysal Asset Management Limited
FAYSAL BALANCED GROWTH FUND
Investment Application Form - FBGF - 02

Guidelines for Completing the Investment Application Form

This Form is common for both Individual and Institutional Customers, and is designed to make investments in Faysal Balanced Growth Fund

Please complete the application form in Block letters and write with a ball pen.

INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER

- 1) Information about the Principal Account Holder is recorded under this section
- 2) Please make sure that information i.e. name and registration number (if issued) provided in this section are correct.

INVESTMENT DETAILS

- 3) Cash shall not be accepted.
- 4) Payments in the form of cheques/draft/payorder/ telegraphic transfer should be made in favor "CDC - Trustee FBGF" and crossed "Payee Account Only".
- 5) If the cheque is returned unpaid the application will be rejected.
- 6) The Account Statement will be dispatched at the Registered Address of the Principal Account Holder within 10 days of submission of properly documented Application Form.
- 7) If acknowledgment of investment is not received within 10 working days the investor should contact Faysal Asset Management Limited.

OTHER INSTRUCTIONS

- 8) Principal Account Holder must sign in the space meant for the purpose.
- 9) Without signature of the Principal Account Holder, the officer at Distributor Office will not accept the form.
- 10) In case the account holder is illiterate and cannot sign, then he/she must be required to submit either a clear copy of CNIC with photo or one recent passport size photograph authenticated by his/her banker. His/her form would also need to be signed by a witness.
- 11) The account holder should either mark all empty spaces in the form "Void" or cross (X) them out.
- 12) In case of an Application form being filled in by the guardian, on behalf of a minor(s), the name of the minor(s) as well as the guardian should be written clearly on the Form and the guardian's signature should be recorded.
- 13) It shall be the responsibility of the applicant to pay all stamp and other duties, taxes and processing charges in relation to the units acquired by him/her.
- 14) For change in the Unit Holder's Register, such as address, unit holders may please complete Form 01, as applicable.

If you have any questions or need additional information, please call:
(92) (21) 111-329-725 (111 FAYSAL)

If you have any questions or need additional information, please call:
(92) (21) 111-329-725 (111 FAYSAL)

or contact the Management Company at;
1st Floor, Faysal House,
Opp. Regent Plaza Hotel,
Main Shahrah-e-Faisal, Karachi.



INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER					Redemption Date								
Name: Mr. /Mrs./Ms./M/s					Registration No.								
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Certificate Issued <input type="checkbox"/> Y <input type="checkbox"/> N </div>													
DISINVESTMENT INFORMATION					Specimen Signature (with rubber stamp in case of institutional customers)								
Disinvestment Rs.		Figures			(Rupees) / or No. Of Units								
		<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>											
Name of Guardian (for minor applicant)					Signature of Guardian								
Redemption in case account's balance is less than the required minimum amount													
<input type="checkbox"/> Redeem all units and close account					<input type="checkbox"/> Redeem less units so that minimum balance is maintained								
INSTRUCTIONS REGARDING REDEMPTION PROCEEDS													
<input type="checkbox"/> Credit to my bank account as specified in the Account Opening form					<input type="checkbox"/> Send me a crossed cheque / payorder at my registered address								
INSTRUCTIONS REGARDING CERTIFICATES													
<input type="checkbox"/> Cancel, Split and Reissue the attached Certificates					<input type="checkbox"/> Do not issue certificates, start normal statement system								
Certificate Numbers		1	3	5	7	9							
		2	4	6	8	10							
AUTHORIZATION BY JOINT HOLDERS/ JOINT SIGNATORIES													
Mr. /Mrs./ Ms./ M/s	Name (in full).				Signature								
Mr. /Mrs./ Ms./ M/s	Name (in full).				Signature								
Mr. /Mrs./ Ms./ M/s	Name (in full).				Signature								
Witness Name (in case of illiterate)	Occupation			Address			Signature						
FOR REGISTRAR USE ONLY													
Account Number Verified by		Signature Verified by		Certificates Verified and defaced by		Redemption Rate		Bank Accounts details verified by					
DISTRIBUTION INFORMATION													
Distributor Name			Distributor Code		Redemption Form No.		Transaction Date						
Total Certificate and Units Received			Name of Authorized Person at Distribution Centre				Authorized Signature						
Certificate		Units											
Remarks													

To be filled by the Distribution Company

Receipt Received from _____ (Holder/ First-named Holder) Application Form for Redemption of _____ units of FBGF along with Certificates - where applicable.	Date _____ _____ Authorized Branch (Rubber Stamp)	_____ Authorized Signatory
---	--	-------------------------------

Faysal Asset Management Limited
FAYSAL BALANCED GROWTH FUND
Redemption Application Form - FBGF - 03

Guidelines for Completing Redemption Application Form

This form would be used for disinvestment of funds from Faysal Balanced Growth Fund for both Individual and Institutional Customers. Please complete the application form in Block letters and write with a ball pen.

INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER

- 1) The Account Holder would need to state his/her name and most importantly the Registration number.
- 2) The Account Holder needs to specify whether he 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.

DISINVESTMENT INFORMATION

- 3) In this section the Account Holder may choose to specify the disinvestment in terms of Rupees or Units, as per convenience.
- 4) In case the redemption is likely to result in the balance of the account to fall below the required minimum balance then the Account Holder would need to specify if he/she wishes to close the account or only redeem to an extent of funds in excess of the required minimum limit.
- 5) In the section 'Instructions regarding Certificates' the Account Holder would need to identify if he/she wishes to 'Cancel', 'Split' and 'Reissue Certificates' or would not want the 'Issue of New Certificates.'

INSTRUCTIONS REGARDING INVESTMENT PROCEEDS

- 6) 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.
- 7) If redemption requests on any single day exceeds 10% of the total number of Units in issue, the Trustee shall redeem only 10% on a first-come-first-serve-basis and defer the remaining redemption requests to the next Business Day.

INFORMATION ABOUT JOINT HOLDERS

- 8) All Joint Holders as specified in the Account Opening Form (FBGF-01) under the section 'Instructions to Operate the Account' will need to sign this form, and specify their Names.

OTHER INSTRUCTIONS

- 9) In case the applicant is illiterate and cannot sign, then he/she must be required to submit either a clear copy of CNIC with photo or one recent passport size photograph authenticated by his/her banker. His/her form would also need to be signed by a witness. In the said case, redemption proceeds will be credited to the designated bank account; no proceeds will be sent to the registered address.
- 10) The Account Holder should either mark all empty spaces in the form 'void' or cross (X) them out.
- 11) In case of an Application form being filled in by the guardian, on behalf of a minor(s), the name of the minor(s) as well as of the guardian should be written clearly on the Form and the guardian's signature should be recorded.

If you have any questions or need additional information, please call:

(92) (21) 111-329-725 (Faysal)

If you have any questions or need additional information, please call:
(92) (21) 111-329-725 (Faysal)

or contact the Management Company at:
1st Floor, Faysal House,
Opp. Regent Plaza Hotel,
Main Shahrah-e-Faisal, Karachi.



Gangjees Registrar Services (Pvt.) Limited
Registrar, Faysal Balanced Growth Fund
Karachi

Dear Sirs,

RE: REQUEST FOR REGISTRATION OF UNITS UNDER LIEN

I/We own the Units hereunder held in Account Number _____, Name: _____ and request you to issue a letter, confirming the registration of these units under the lien of:

Name:
Address:
Bank Account Details;
Contact No.:

Details of Units:

Number of Units to be placed under lien / pledge	Certificate Numbers (if issued)

In making the request, I/We recognize and understand that:

- ⊙ The registration of this lien places a responsibility on you to ensure that all benefits accruing on such Units (hereinafter referred to as the Pledged Units) shall be held or paid to the order of the lien-holder.
- ⊙ Save any legal bar or court order requiring otherwise, any dividends that are declared on the Pledged Units shall be paid to the order of the lien-holder, any bonus Units that the Pledged Units are entitled to be automatically marked under the lien of the lien-holder and in the event the Pledged Units are redeemed by the lien-holder for any reason whatsoever, the proceeds shall be paid to the order of the lien-holder.
- ⊙ You do not however, accept any responsibility for the validity of my/our act of placing the Pledged Units under lien nor for any obligations or commitments undertaken by me/us in respect thereof.
- ⊙ The lien on the Pledged Units shall continue till such time it is released by the lien-holder in writing.

Thanking you.

Yours faithfully

Name(s) and Signature(s)	
1.	2.
3.	4.

Unit Holder or
Authorized Signatory/s

Date _____

Corporate Stamp _____

RECORD OF PROCESSING THE REQUEST			
ACKNOWLEDGEMENT			
Distributor Branch (if involved)	Code	Date	Signature
RECORDED BY REGISTRAR	Sequential Number	Date	Initials
MANAGEMENT COMPANY			
REGISTRATION REQUEST FORMS SIGNED	Initials/date	Initials/date	

To be filled by the Distribution Company

Receipt	Date _____
Received from _____	
(Name of Pledger)	
Application Form for Pledge/ Lien of _____ units of FBGF along with	
Certificates - where applicable.	_____
	Authorized Branch (Rubber Stamp)
	Authorized Signatory

Faysal Asset Management Limited
FAYSAL BALANCED GROWTH FUND
Application Form for Pledge/Lien of Units - FBGF - 04

Guidelines for completing the Application Form for Pledge / Lien

Please complete the application form in Block letters and write with a ball pen.

- 1) The Unit holder/ Pledger must indicate the name and account number along with the particulars of the pledgee/ lien holder for the record of the Registrar.
- 2) In case of verification, the verified pledge/ lien form will be the only instrument recognized by the Registrar for recording pledge/ lien of units. If the pledge/ lien form is lost or destroyed or mutilated a new verified pledge/ lien form will be issued on application by the Unitholder/ lien-holder and on payment of such cost and on such terms as to evidence, indemnity and security, including publication of the fact in newspapers.
- 3) The Distribution Company will verify the signature(s) on the Pledge/ Lien Application Form along with the copy's of the original documents or request for attested copies.
Copies of the following documents are required to be submitted by the pledgee/ lien holder with the Pledge/ Lien Application Form;
 - a) Individuals: Computerized National Identity Card(s)*
 - b) For Corporate/ Statutory bodies:
 - Memorandum and Articles of Association/ Bye Laws/ Trust Deed
 - Power of Attorney or other documents authorizing the officer signing the Application Form.
 - Computerized National Identity Card* of the officer(s) - signing on company's behalf
 - Board Resolution authorizing pledge.
- 4) For change in Unitholder's and pledge/ lien holder's Register, such as address, unit holders/ lien holders may please complete Form 01, as applicable.

*Note; In the absence of CNIC, to better facilitate our clients, ATTESTED copies of the old NICs ALONG WITH proof of application (NADRA receipt) for the new CNICs, can also be accepted.

If you have any questions or need additional information, please call:
(92) (21) 111-329-725 (Faysal)

If you have any questions or need additional information, please call:
(92) (21) 111-329-725 (Faysal)

or contact the Management Company at;
1st Floor, Faysal House,
Opp. Regent Plaza Hotel,
Main Shahrah-e-Faisal, Karachi.



The Trustee
Faysal Balanced Growth Fund
9th Floor, Sheikh Sultan Trust Building No. 1
Beaumont Road,
Karachi

Transfer Number _____
Date _____

Part A - Application for Transfer

Dear Sir

1) I / We the undersigned Transferor(s) being the registered Holder(s) of under mentioned Units of the Faysal Balanced Growth Fund transfer the said Units to the herein after named Transferee to hold subject to the same conditions on which I / We hold them.

Registration Number	Certificate(s) Number (attach if issued)	Number of Units

Yours faithfully,

Name(s) and signature(s) of the Transferor(s)
(All joint holders shall sign unless first named is authorized to sign singly)

Name(s) and Signature(s)	
1. _____	2. _____
3. _____	4. _____

Witness

Name	Address	Signature

Names of the Transferee(s)

I am/ We are a Unitholder. Our Registration number is _____
The above Units may be registered under the Registration Number / separate Registration Account

Part B - Particulars of Transferee

1) Mr./ Mrs./ Ms./ M/s _____

Signature of Transferee/ First named joint transferee _____

Witness

Name	Address	Signature

NOTES;

- For Transferees who are NEW APPLICANTS, Transfer of Units of FBGF Form 05 will NOT be accepted without submission of Form 01 along with appropriate documents.
- If an applicant already has an account with FBGF, Form 01 will not be required.

RECORD OF PROCESSING THE REQUEST			
ACKNOWLEDGEMENT			
Distributor Branch (if involved)	Code	Date	Signature
RECORDED BY REGISTRAR		Date	Initials

To be filled by the Distribution Company

Receipt	Date _____
Received from Mr./ Mrs./ Ms. _____ (Name of Transferor)	
Application Form for Transfer of _____ Units of FBGF.	
_____	_____
Authorized Branch (Rubber Stamp)	Authorized Signatory

Faysal Asset Management Limited
FAYSAL BALANCED GROWTH FUND
Application Form for Transfer of Units - FBGF - 05

Guidelines for completing the Application Form for Transfer

Please complete the application form in Block letters and write with a ball pen.

- 1) This Application form is divided into two parts.
 - a. "Part A" is your application for transfer of Units. This portion has to be filled by the transferor and the transferee. If the transferee is already a Unitholder the Registration Number should be stated.
 - b. "Part B" is particulars of transferee for the record of the Registrar.
 - If the transferee is not already a Unitholder, then he will be required to submit Form 01 along with all appropriate documents.
 - If the transferee is already a Unitholder and has indicated the existing Registration Number in Part A, submission of Form 01 is not required. However, if there is any change in the particulars, he will have to submit Form 01 for changes/ amendments.
- 2) At the request of the Unitholder, the Registrar will verify the holding and relevant details on the Transfer Application form and signature of the Unitholder. In case of verification the verified Transfer Application Form will be the only instrument recognized by the Registrar for transfer. If the verified Transfer form is lost, destroyed or mutilated a new verified Transfer Form will be issued on application by the Unit holder and on payment of such costs and on such terms as to evidence, indemnity and security, including publication in newspapers. In case of redemption of Units, the verified Transfer Application form will have to be surrendered.
- 3) The Distribution Company will verify the signature (s) on Transfer Application Form along with the copy's of the original documents or request for attested copies.

All the requirements as set forth in Form 01 will have to be fulfilled including for the Transferee to submit copies of the following documents with the Application for Transfer of Units:

 - a) Individuals (new Applicants only) Computerized National Identity Card*.
 - b) For Corporate/ Statutory bodies (new applicants only and if there is any amendment in these documents):
 - Memorandum and Articles of Association/ Bye Laws/ Trust Deed
 - Power of Attorney or other documents authorizing the officer signing the Application Form
 - Computerized National Identity Card* in respect of the officer signing on behalf of the Institutional Investors.
 - Board Resolution authorizing investment / disinvestment.
- 4) Account Statement/ Unit Certificate (if any) will be dispatched at the registered address within 10 business days after the submission of a properly documented Application Form for Transfer.

*Note; In the absence of CNIC, to better facilitate our clients, ATTESTED copies of the old NICs ALONG WITH proof of application (NADRA receipt) for the new CNICs, can also be accepted.
- 5) If an acknowledgement of the transfer is not received within 10 working days, the investor should contact Faysal Asset Management Limited.

If you have any questions or need additional information, please call:
(92) (21) 111-329-725 (Faysal)

If you have any questions or need additional information, please call:
(92) (21) 111-329-725 (Faysal)

or contact the Management Company at:
1st Floor, Faysal House,
Opp. Regent Plaza Hotel,
Main Shahrah-e-Faisal, Karachi.

**Faysal Asset Management Limited
Investment Scheme/Type Conversion Form - 06
(TO BE FILLED IN BLOCK LETTERS)**

Date: _____

Registration No. _____

I/We, being the registered holder(s) of under mentioned Units, apply for the conversion of investment type/scheme of the Fund as specified below in accordance with the provisions of the Trust Deeds & Offering Documents of the respective Funds.

Name (Mr./Mrs./Ms./M/s)	
--------------------------------	--

DETAILS OF CONVERSION OF INVESTMENT SCHEME/TYPE

	From	To
Units	Name of Scheme	Name of Scheme
<input type="checkbox"/> Entire or Units _____	Faysal Savings Growth Fund <input type="checkbox"/> Type A	Faysal Savings Growth Fund <input type="checkbox"/> Type A
<input type="checkbox"/> Entire or Units _____	<input type="checkbox"/> Type B Flexible Units Monthly Quarterly Half yearly Yearly	<input type="checkbox"/> Type B Flexible Units Monthly Quarterly Half yearly Yearly
<input type="checkbox"/> Entire or Units _____	<input type="checkbox"/> Type B Fixed Units Monthly Quarterly Half yearly Yearly	<input type="checkbox"/> Type B Fixed Units Monthly Quarterly Half yearly Yearly
<input type="checkbox"/> Entire or Units _____	<input type="checkbox"/> Faysal Balanced Growth Fund	<input type="checkbox"/> Faysal Balanced Growth Fund
<input type="checkbox"/> Entire or Units _____	<input type="checkbox"/> Faysal Income & Growth Fund	<input type="checkbox"/> Faysal Income & Growth Fund

DECLARATION:

- 1) I/We confirm having filled and signed this application form after having read and understood all the reference notes and the provisions of the Trust Deeds and offering documents of the respective Funds and the risks involved.
- 2) I/We ratify that the information provided in this form is correct.

Name(s) and Signature(s) of Unit Holder(s)

(All joint Holders shall sign unless the first named is authorized to sign singly)

SIGNATURE (S): (with Rubber Stamp in case of Institutional client)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

INSTRUCTIONS REGARDING CERTIFICATES:

Certificate issued: Yes No

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

RECORD OF PROCESSING THE REQUEST			
Acknowledgement			
Distributor Branch (if involved)	Code	Date	Signature
RECORDED BY REGISTRAR		Date	Initials

To be filled by the Distribution Company

Receipt	Date _____
Received from Mr. / Mrs. / Ms. _____ (Name of transferor) Application Form for transfer of _____ Units of _____	
_____ Authorized Branch	_____ Authorized Signatory

Faysal Asset Management Limited
Investment Plan Conversion Form – 06

Guidelines for Completing the Application for Account Opening

This Form is a one-time requirement for both Individual and Institutional Customers, and is required to be filled when the account is opened for the first time or if there are any changes in investors' particulars.

Please complete the application form in Block letters and write with a ball pen.

INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER/TRANSFEROR

- 1) The Account holder would need to state his/her institutions Name, Registration No., allotted at Account Opening stage.
- 2) The account holder would need to mention the Amount to be transferred to other Investment Plan(s).

OTHER INSTRUCTIONS

- In case the account holder is illiterate and cannot sign, then he/she must be required to submit either a clear copy of CNIC with photo or one recent passport size photograph authenticated by his/her banker. His/her form would also need to be signed by a witness.

**If you have any questions or need additional information, please call:
(92) (21) 111-329-725 (111 FAYSAL)**

If you have any questions or need additional information, please call:
(92) (21) 111-329-725 (111 FAYSAL)

Or contact the **Management Company** at;
3rd Floor, Faysal House,
Opp. Regent Plaza Hotel,
Main Shahrah-e-Faisal, Karachi.