

Account Opening Form

New Changes / Ammendments Reference No. _____ Date: _____

Investor Information

For Individual Investors <input type="checkbox"/>		For Corporate/Institution/Trust/Other Non-Individual <input type="checkbox"/>	
Name (Mr./Mrs./Ms.)		Entity Name (Messers)	
Father/Husband Name		NTN <input type="text"/>	
CNIC/Passport <input type="text"/>		Incorporation/Registraion No.	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Status / Category	
Date of Birth		Commercial Bank Pension Fund	
Nationality		Insurance Company Provident Fund	
Non-Resident Pakistani		Trust <input type="checkbox"/> DFI <input type="checkbox"/>	
Zakat Exemption Yes <input type="checkbox"/> No <input type="checkbox"/>		NGO <input type="checkbox"/> Other <input type="checkbox"/>	
Occupation Professional <input type="checkbox"/> Service (Public/Private) <input type="checkbox"/>		NBFI <input type="checkbox"/>	
Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/>		Income Tax Status Taxable <input type="checkbox"/> Exempt <input type="checkbox"/> (Tax Exemption Certificate)	
Agriculturist <input type="checkbox"/> Other _____		Contact Person Details	
Name of Guardian (for minor applicant)		Name Telephone	
Relation with minor		E-mail	
Date of birth (of minor applicant)			

Contact Details

Postal Address _____

Tel (Res) _____ Tel (Office) _____ Fax _____

Mobile No. _____ E-mail _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Corporate	Institution	Trust	Other Non-Individual
	Partner/Director/Trustee/Other Signatories 1	Partner/Director/Trustee/Other Signatories 2	Partner/Director/Trustee/Other Signatories 3
	Partner/Director/Trustee/Other Signatories 4		
Name:			
CNIC:			
Registered Address:			
Telephone Nos.			

For Executor & Administrator / Officials for Federal Provincial Local Government Accounts

Name: _____

CNIC/Passport _____

Sign _____

Joint Applicant Details

Name of Joint Applicant		Specimen Signature
1. Mr./Mrs./Ms.	CNIC # <input type="text"/>	
2. Mr./Mrs./Ms.	CNIC # <input type="text"/>	
3. Mr./Mrs./Ms.	CNIC # <input type="text"/>	

Details of Beneficiary (if any)

Name: _____

Father's/Husband's Name _____

CNIC/Passport No. _____ Copy of CNIC

Address: _____

Operating Instructions

First Named Joint Holder only All Joint Holders Either or Survivor Other (Please specify) _____

Nomination Details

Name of Nominee	Relation with Unit Holder
Percentage of allocation	CNIC #
Address	
Name of Nominee	Relation with Unit Holder
Percentage of allocation	CNIC #
Address	
Add more details:	

Bank Account Details

Bank Account No.	Bank Name & Branch
Bank Account Title	Bank Telephone
Bank Address	

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Risk Disclosure:

All investments 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 polcies and the risk involved.

Account Opening Form

Units Mode of Handling

Account Statement 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.

Unit Certificates Certificate(s) will be issued only if requested, 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. Certificates shall not be issued for Type 'B' units.

Unit certificates (if requested) and account statement will be dispatched at the registered address within 21 days of realization of funds.

Statement Semi-Annually More Frequently at additional charges: Quarterly Monthly

Dividend Distribution Option

I/We wish to receive distributions (if any) as follows:

Profit distribution reinvested in Fund Profit distribution in the form of cash

Note: If no box is checked, all distributions will be reinvested in the Fund(s).

Distribution Details (For Office Use)

Facilitator Code	Distributor Name & Code	Investment Form No.	Investment Form Date
Name of Authorized Person at Distribution Centre		Authorized Signature	

Registrar Details (For Registrar Use)

Date Account Opening Form Received _____ Data Input by _____

Registration No. Issued to Client _____ Data & Attachments Verified By _____

Documentation Checklist

Individual

Copy of CNIC/Passport
Business/Employment Proof

Partnership Account

Copy of Latest Financials of Partnership
Copy of CNIC/Passport (All Partners)

Joint Stock Companies

Audited Financial Statements of the Company
Memorandum & Articles of Association
Board Resolution
Copies of CNIC/Passport (All Directors)

Club Societies & Associations

Certified Copy of Certificate of Registration
Certified Copy of By-laws/Rules & Regulations
Board/Governing Body Resolution
Copy of Latest Financials of Society/Associations

(Or any other document authorizing officers to operate the account.)

Trust

Certified Copy of Trust Deed
Trustee/Governing Body Resolution
Copy of Latest Financials of the Trust

Executors & Administrators

Copy of CNIC/Passport of Executor/Administrator
Certified Copy of Letter of Administration

Government Officials

Copy of CNIC/Passport
Resolution from Concerned Administrative Department
Endorsed by Finance Department/Ministry of Finance

Declaration

I/We have carefully read, understood and agree to abide by all the rules, regulations, terms and conditions given in this form, trust deed and offering document of respective schemes. The details provided by me / us are true, correct and complete to the best of my / our knowledge and belief, and the document submitted along with this application are genuine. I / we hereby undertake to promptly inform the company of any changes to the information provided in this form.

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

Date: _____ Date: _____

* Rubber stamp required in case of Institutional Clients

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Investment Application Form

Investor Information

For Individual Investors <input type="checkbox"/>		For Corporate/Institution/Trust/Other Non-Individual <input type="checkbox"/>	
Name (Mr./Mrs./Ms.)		Entity Name (Messers)	
Father/Husband Name		NTN <input type="text"/>	
CNIC/Passport <input type="text"/>		Incorporation/Registration No.	
Name of Guardian (for minor applicant)		Contact Person Details	
Relation with minor		Name <input type="text"/> Telephone <input type="text"/>	
Date of Birth (of minor applicant)		E-mail <input type="text"/>	

Contact Details

Postal Address		
Tel (Res) <input type="text"/>	Tel (Office) <input type="text"/>	Fax <input type="text"/>
Mobile No. <input type="text"/>	E-mail <input type="text"/>	

Investment Details

Name of Fund	Type of Units		Investment Amount (Rs.)	
	Type A	Type B	Amount	In Words
Faysal Balanced Growth Fund (FBGF) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Faysal Income & Growth Fund (FIGF) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Faysal Savings Growth Fund (FSGF) <input type="checkbox"/>	<input type="checkbox"/>	Fixed <input type="checkbox"/> Flexible <input type="checkbox"/>		
Faysal Asset Allocation Fund (FAAF) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Faysal Islamic Savings Growth Fund (FISGF) <input type="checkbox"/>	<input type="checkbox"/>	Fixed <input type="checkbox"/> Flexible <input type="checkbox"/>		
Faysal Money Market Fund (FMMF) <input type="checkbox"/>	<input type="checkbox"/>	Fixed <input type="checkbox"/> Flexible <input type="checkbox"/>		

Mode of Payment Cross Cheque No. Pay Order No. Demand Draft No.

Drawn on: (Name of Bank & Branch)

Please ensure that your Cross Cheque / Pay Order / Demand Draft is made in the name of the selected fund as follows:
 Note: "CDC Trustee Fund Name". For example, should you wish to invest in FBGF, payment will be made in favour of "CDC Trustee Faysal Balanced Growth Fund".
 For investment in multiple funds Cross Cheque/Pay Order/Demand Draft shall be made separately for each Fund.

Periodic Payment Option (if applicable)

I/We request to receive Rs. (for fixed Type B units only) at regular intervals.
 (The capital invested may deplete in case sufficient returns are not earned to cover the amount of relevant interval payment required by me/us.) (I/We authorize FAML to redeem my units to pay me/us income at regular intervals based on the above instructions.)

Unit Certificates: Certificate(s) will be issued only if requested, 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. Certificates shall not be issued for Type 'B' units.

Unit certificates (if requested) and account statement will be dispatched at the registered address within 21 days of realization of funds.

Declaration

I/We have carefully read, understood and agree to abide by all the rules, regulations, terms and conditions given in this form, trust deed and offering document. The details provided by me/us are true, correct and complete to the best of my/our knowledge and belief, and the documents submitted along with this application are genuine. I/We hereby undertake to promptly inform the company of any changes to the information provided in this form.

1. 2. 3.

Applicant's Signature Joint Applicants / Authorized Signature(s)

Date: Date:

* Rubber stamp required in case of Institutional Clients

for office use only

Cross Cheque/Pay Order/Demand Draft	Memorandum of Articles & Association
Board Resolution Authorizing Investment	Zakat Affidavit
Copy of CNIC/Passport	Power of Attorney
List of Authorized Signatories	Other Documents (please specify) <input type="text"/>

Distribution Details

Facilitator Code	Distributor Name & Code	Investment Form No.	Investment Form Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Registrar Details (For Registrar Use)

Date Account Opening <input type="text"/>	Registration No. <input type="text"/>	Data <input type="text"/>	Data & Attachments <input type="text"/>
From received <input type="text"/>	Issued to Client <input type="text"/>	Input By <input type="text"/>	Verified By <input type="text"/>
Name of Authorized Person at Distribution Centre <input type="text"/>			Authorized Signature <input type="text"/>

To be filled in by distributor / sales person

Receipt
 Received from Application form for the sale of units of
 with Cross Cheque/Pay Order/Demand Draft No. dated or Rs. drawn on
 Unit certificate not requested.

Authorized Branch Stamp Authorized Signatory

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Risk Disclosure:

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Investment Application Form

GUIDELINES FOR COMPLETING THE APPLICATION FORM

This Form is a one-time requirement for both Individual and Institutional Customers, and is required to be filled whenever the account is opened, change in investors' particulars is made. Please complete the application form in Block letters and write with a ball pen.

PRINCIPAL UNIT HOLDER DETAILS

- 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 is 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.

JOINT UNIT HOLDER(S) DETAILS (OPTIONAL)

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

BANK ACCOUNT DETAILS OF PRINCIPAL UNIT HOLDER

- 7) 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.

NOMINEE DETAILS

- 8) Provide full information of the nominee including his/her residential address, CNIC No., and allocation percentage etc.
- 9) 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 without the production of evidence of title or right to the units which FAML considers sufficient.

INVESTMENT DETAILS

- 10) Cash shall not be accepted.
- 11) Payments in the form of cheques/draft/pay-order/ telegraphic transfer should be made in favor "CDC - Trustee _____ (fund)" and crossed "Payee Account only".
- 12) If the cheque is returned unpaid the application will be rejected.
- 13) Offer price applicable will be the one announced for the business day (Monday to Friday excluding public holidays and the day when the banks are closed for business in Pakistan) the investment form is received by the FAML / Distributor before the cut off timings i.e 9am-5pm. if the form is received after business hours or on a day which is not a business day the offer price of next business day shall be applicable.
- 14) The Account Statement will be dispatched at the Registered Address of the Principal Account Holder within such number of days from the date of transaction as specified in the offering document of respective collective investment scheme. if confirmation is not received within the prescribed No of days, please contact Faysal Asset Management Limited.

KNOW YOUR CUSTOMER

- 15) the account holder is encouraged to fill in the mandatory customer information. Knowledge about the customers would help us serve them more efficiently.

DOCUMENT CHECK LIST

- 16) In case of Individual Client, copies of CNIC's*, Zakat Declaration (if exemption claimed) and Employment proof will be required.
- 17) In case of Institutional Client, copies of;
 - a) CNIC's* (authorized officers)
 - b) CNIC's* (Directors, trustees, partners etc.)
 - c) Power of Attorney (s) (or any other document authorizing officer to operate the account)
 - d) Board Resolution (authorizing investment)
 - e) Memorandum and Articles of Association/Trust Deed/Bye Laws
 - f) Certificate of Incorporation/Registration (in case of societies and associations)
 - g) Audited Financial statements

OTHER INSTRUCTIONS

- 18) Minimum initial investment for Type A units is Rs. 5,000/- and subsequent investment is Rs. 1,000/- whereas for Type B units minimum investment is Rs. 50,000/- and subsequent investment is Rs. 5000/-. (If applicable)
- 19) Principal Account Holder and All Joint account holder must sign in the space meant for the purpose, when ever account is opened, investment form can be signed by principal account holder or any joint holder. Without signature of the Principal Account Holder, the officer at Distributor Office will not accept the form.
- 20) The account holder should either mark all empty spaces in the form "Void" or cross (X) them out.
- 21) 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.
- 22) 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.

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

Or contact the Management Company at:

Faysal Asset Management Limited
8th Floor, Tower A (801-806 & 818),
Saima Trade Tower, I.I. Chundrigar Road, Karachi
U.A.N: (92 21) 111-329-725 ext 144
Fax: (92 21) 2277301
Website: www.faysalfunds.com Email: customerservices@faysalfunds.com

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Investment Application Form

Investor Information

For Individual Investors <input type="checkbox"/>		For Corporate/Institution/Trust/Other Non-Individual <input type="checkbox"/>	
Name (Mr./Mrs./Ms.)		Entity Name (Messers)	
Father/Husband Name		NTN <input type="text"/>	
CNIC/Passport <input type="text"/>		Incorporation/Registraion No.	
Name of Guardian (for minor applicant)		Contact Person Details	
Relation with minor		Name	Telephone
Date of Birth (of minor applicant)		E-mail	

Contact Details

Postal Address			
Tel (Res)	Tel (Office)	Fax	
Mobile No.		E-mail	

Investment Details

Name of Fund	Type of Units		Investment Amount (Rs.)	
	Type A	Type B	Amount	In Words
Faysal Balanced Growth Fund (FBGF) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Faysal Income & Growth Fund (FIGF) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Faysal Savings Growth Fund (FSGF) <input type="checkbox"/>	<input type="checkbox"/>	Fixed <input type="checkbox"/> Flexible <input type="checkbox"/>		
Faysal Asset Allocation Fund (FAAF) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Faysal Islamic Savings Growth Fund (FISGF) <input type="checkbox"/>	<input type="checkbox"/>	Fixed <input type="checkbox"/> Flexible <input type="checkbox"/>		
Faysal Money Market Fund (FMMF) <input type="checkbox"/>	<input type="checkbox"/>	Fixed <input type="checkbox"/> Flexible <input type="checkbox"/>		

Mode of Payment Cross Cheque No. _____ Pay Order No. _____ Demand Draft No. _____

Drawn on: (Name of Bank & Branch) _____

Note: Please ensure that your Cross Cheque / Pay Order / Demand Draft is made in the name of the selected fund as follows: "CDC Trustee Fund Name". For example, should you wish to invest in FBGF, payment will be made in favour of "CDC Trustee Faysal Balanced Growth Fund". For investment in multiple funds Cross Cheque/Pay Order/Demand Draft shall be made separately for each Fund.

Periodic Payment Option (if applicable)

I/We request to receive Rs. _____ (for fixed Type B units only) at regular intervals. (The capital invested may deplete incase sufficient returns are not earned to cover the amount of relevant interval payment required by me/us.) (I/We authorize FAML to redeem my units to pay me/us income at regular intervals based on the above instructions.)

Unit Certificates: Certificate(s) will be issued only if requested, 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. Certificates shall not be issued for Type 'B' units.

Unit certificates (if requested) and account statement will be dispatched at the registered address within 21 days of realization of funds.

Declaration

I/We have carefully read, understood and agree to abide by all the rules, regulations, terms and conditions given in this form, trust deed and offering document. The details provided by me/us are true, correct and complete to the best of my/our knowledge and belief, and the documents submitted along with this application are genuine. I/We hereby undertake to promptly inform the company of any changes to the information provided in this form.

1. _____ 2. _____ 3. _____
 Applicant's Signature Date: _____ Joint Applicants / Authorized Signature(s) Date: _____

* Rubber stamp required in case of Institutional Clients

for office use only

Cross Cheque/Pay Order/Demand Draft	Memorandum of Articles & Association
Board Resolution Authorizing Investment	Zakat Affidavit
Copy of CNIC/Passport	Power of Attorney
List of Authorized Signatories	Other Documents (please specify) _____

Distribution Details

Facilitator Code	Distributor Name & Code	Investment Form No.	Investment Form Date

Registrar Details (For Registrar Use)

Date Account Opening	Regitration No.	Data	Data & Attachments
From received _____	Issued to Client _____	Input By _____	Verified By _____
Name of Authorized Person at Distribution Centre		Authorized Signature _____	

To be filled in by distributor / sales person

Receipt
 Received from _____ Application form for the sale of units of _____
 with Cross Cheque/Pay Order/Demand Draft No. _____ dated _____ or Rs. _____ drawn on _____
 Unit certificate not requested.

 Authorized Branch Stamp Authorized Signatory

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Investment Application Form

GUIDELINES FOR COMPLETING THE APPLICATION FORM

This Form is common for both Individual and Institutional Customers, and is designed to make investments in all types of funds under the management of FAYSAL ASSET MANAGEMENT LIMITED. Please complete the application form in Block letters and write with a ball pen.

PRINCIPAL UNIT HOLDER DETAILS

- 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. In case of partnership firm or trust, application shall be made in the name of partners or trustees.

INVESTMENT DETAILS

- 3) Cash shall not be accepted.
- 4) Payments in the form of cheques/draft/pay-order/ telegraphic transfer should be made in favor "CDC - Trustee _____ (fund)" and crossed "Payee Account only".
- 5) If the cheque is returned unpaid the application will be rejected.
- 8) Offer price applicable will be the one announced for the business day (Monday to Friday excluding public holidays and the day when the banks are closed for business in Pakistan) the investment form is received by the FAML / Distributor before the cut off timings i.e 9am-5pm. if the form is received after business hours or on a day which is not a business day the offer price of next business day shall be applicable
- 9) The Account Statement will be dispatched at the Registered Address of the Principal Account Holder within such number of days from the date of transaction as specified in the offering document of respective collective investment scheme. if confirmation is not received within the prescribed No of days, please contact Faysal Asset Management Limited.

OTHER INSTRUCTIONS

- 10) Principal Account Holder must sign in the space meant for the purpose.
- 11) Without signature of the Principal Account Holder, the officer at Distributor Office will not accept the form.
- 12) The account holder should either mark all empty spaces in the form "Void" or cross (X) them out.
- 13) 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.
- 14) 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.
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)

Or contact the Management Company at:
Faysal Asset Management Limited
8th Floor, Tower A (801-806 & 818),
Saima Trade Tower, I.I. Chundrigar Road, Karachi
U.A.N: (92 21) 111-329-725 ext 144
Fax: (92 21) 2277301
Website: www.faysalfunds.com Email: customerservices@faysalfunds.com

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Faysal Asset Management Limited
FAYSAL Money Market Fund (FMMF)
Redemption Application Form – FMMF – 03
 (TO BE FILLED IN BLOCK LETTERS)

INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER

Redemption Date: _____

Name: Mr./Mrs./Ms./M/s.	Registration No
Name of Guardian (for minor applicant)	Signature of Unit Holder / Guardian (Rubberstamp incase of institutional investors)
Certificate Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No	

DISINVESTMENT INFORMATION

Unit Type	No. of Units	Amount (In Words)	Redemption in case account's balance is less then the required minimum amount
<input type="checkbox"/> Type A Units			<input type="checkbox"/> Redeem all units and close account <input type="checkbox"/> Redeem less units so that minimum balance is maintained
<input type="checkbox"/> Type B Units			<input type="checkbox"/> Redeem all units and close account <input type="checkbox"/> Redeem less units so that minimum balance is maintained

INSTRUCTIONS REGARDING CERTIFICATE

Certificate Numbers				
1. _____	2. _____	3. _____	4. _____	5. _____
<input type="checkbox"/> Cancel, Split and Reissue the attached certificate <input type="checkbox"/> Do not issue certificate, start normal statement system				

INSTRUCTIONS REGARDING REDEMPTION PROCEEDS

<input type="checkbox"/> Credit to my bank account (Faysal Bank Account Holders Only)	FBL Account No: _____
<input type="checkbox"/> Send me crossed cheque / pay order at my registered address	

AUTHORIZATION BY JOINT HOLDERS/JOINT SIGNATORIES

Mr./ Mrs./Ms./ M/s (Name in Full)	Mr./ Mrs./ Ms./ M/s (Name in Full)	Mr./ Mrs./Ms./ M/s (Name in Full)
Signature	Signature	Signature
Witness Name (incase of illiterate)	Address	Signature

FOR REGISTRAR USE ONLY

Account Number Verified by _____	Redemption Date _____
Signature Verified by _____	Bank Account details Verified By _____
Certificates Verified and defaced by _____	Data input by _____

DISTRIBUTOR INFORMATION

Distributor/Facilitator Name _____	Redemption form No _____
Distributor/Facilitator Code _____	Transaction Date _____
Name of Authorized Person at Distribution Centre: _____	
Total Certificates and Units Received <input type="checkbox"/> Certificates <input type="checkbox"/> Units	Authorized Signature _____
Remarks _____	

RECEIPT

To be filled by the Distributor/ Facilitator

Date: _____	Received From: _____ (Holder / First-named Holder)
Application form for Redemption of _____ units of FMMF along with Certificates (where applicable).	
Authorized branch (Rubber stamp)	Authorized Signatory _____