

Faysal Asset Management

Redemption Application Form

Date _____

INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER

Name (Mr./Mrs./Ms.) _____ Registration No. _____

Name of Guardian (for minor applicants) _____ Signature of unit holder/ Guardian _____
(with rubber Stamp in case of Institutional customer)

CDC Investor Account/Participant ID _____ CDC Sub Account No. _____

NAME OF FUND	TYPE OF UNITS			REDEMPTION AMOUNT (RS.)
	TYPE A	TYPE B		
1. Faysal Money Market Fund (FMMF)	<input type="checkbox"/>	Fixed <input type="checkbox"/>	Flexible <input type="checkbox"/>	
2. Faysal Saving Growth Fund (FSGF)	<input type="checkbox"/>	Fixed <input type="checkbox"/>	Flexible <input type="checkbox"/>	
3. Faysal Islamic Saving Growth Fund (FISGF)	<input type="checkbox"/>	Fixed <input type="checkbox"/>	Flexible <input type="checkbox"/>	
4. Faysal Financial Sector Opportunit Fund (FFSOF)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Faysal Islamic Asset Allocation Fund (FIAAF)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Faysal Income & Growth Fund (FIGF)		<input type="checkbox"/>		
7. Faysal Asset Allocation Fund (FAAF)		<input type="checkbox"/>		
8. Faysal Balance Growth Fund(FBGF)		<input type="checkbox"/>		
9. Faysal Margin Trading System Fund (FMTSF)	<input type="checkbox"/>	<input type="checkbox"/>		

Redeem less units so that minimum balance is maintained

Total Amount/ Units in Words _____

CDC Unit issue Yes No

INSTRUCTION REGARDING CERTIFICATE

Certificate issued Yes No

Certificate Number 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Cancel, split and reissue the attached certificate

Do not issue certificates, start normal statement system

INSTRUCTION REGARDING REDEMPTION PROCEEDS

Credit to bank account (for Faysal Bank account holders) _____

Cross cheque/Payorder at registered address Other Instructions _____

AUTHORIZATION BY JOINT HOLDERS /JOINT SIGNATORIES

Mr. / Mrs./ Ms.	Signature
Mr. / Mrs./ Ms.	Signature
Mr. / Mrs./ Ms.	Signature
Mr. / Mrs./ Ms.	Signature
Witness name (in case of illiterate)	Occupation
Address	Witness's Signature

DISTRIBUTOR INFORMATION

Distributor/ Facilitator name _____ Redemption date _____

Distributor/ Facilitator code _____ Remarks _____

Total Certificates and units received _____ Data input by _____

Certificates Electronic Units

Authorized signature _____

REGISTRAR DETAILS (FOR REGISTRAR USE)

Account number verified by _____ Redemption date _____

Signature verified by _____ Certificates verified and defaced by _____

Data input by _____ Form No _____

Name of Authorized Person _____ Authorized Signature _____

Receipt

TO BE FILLED IN BY DISTRIBUTOR / SALES PERSON

Date _____

Application 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 _____