



NATIONAL INVESTMENT TRUST LIMITED

Sr. No. _____

TRANSFER OF ACCOUNT TO ANOTHER ISSUING OFFICE **NIT-B-II**

DATE (DD / MM / YY):

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I/We, the undersigned, being the holder(s) of below mentioned Units issued by other issuing Office, desire transfer of account of these units to your Branch office, as per detail below and I/we have read and understood the terms and conditions as laid down in Form NIT-I & NIT-R / NIT-R-I.

(Please tick appropriate box)								
1. <input type="checkbox"/> NI(U)T Fund	2. <input type="checkbox"/> NIT Government Bond Fund	3. <input type="checkbox"/> NIT Income Fund						
UNIT HOLDER'S INFORMATION :								
Title of Account: _____								
DETAILS OF UNITS SUBMITTED:								
From Account No.	No. of Physical Units	No. of Electronic Units	Total Number of Units					
<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
Unit Certificates Nos., if issued in physical form								

(and / or as per list attached)

To Account No.:	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						<input type="checkbox"/> Existing Account	<input type="checkbox"/> New Account	Branch: _____

Irrespective of account operating instructions, this form is to be signed by all the unit holders [i.e. Principal and Joint Unit Holder(s)].

	Details of Unit Holder	Signature as per NIT Record
Principal Unit Holder / Signatory No.1	Name: _____	
	CNIC: _____	
1st Joint Unit Holder / Signatory No. 2	Name: _____	
	CNIC: _____	
2nd Joint Unit Holder / Signatory No.3	Name: _____	
	CNIC: _____	
3rd Joint Unit Holder / Signatory No.4	Name: _____	
	CNIC: _____	

Company Name: _____ (For Institutional Investors only)	NTN: _____	Stamp of the Institution
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- NOTE:**
1. In case of transfer to an existing account maintained at the new issuing office, Principal and Joint Unit Holder's must be same for both individual accounts. For institutional account holders, title of both accounts and authorized signatories must remain same.
 2. Please attach copies of CNIC of Unit Holder(s) and provide necessary information/documents in compliance to CDD/KYC Policy (NIT-R/NIT-R-I)
 3. In case of an institution, form must be accompanied by list and authorization of signatories, copy of CNIC of all signatories, board resolution for investment, copy of latest Financials/Audited Accounts and relevant documents as mentioned in registration form (NIT R-I).
 4. Any change(s) required in the account information/options, may be lodged through special instructions form or in writing, duly signed by the respective unit holder(s), as per account operating instructions.

FOR OFFICIAL USE ONLY								
DATE (DD / MM / YY):	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							TIME: _____ : _____ AM / PM
Form reviewed and checked by: _____		IT NO.: _____						
Branch Stamp & Signature of the Branch Manager / Authorized Official: _____								