



**REDEMPTION FORM  
FOR INDIVIDUALS & INSTITUTION** NIT-D

I/We request NIT to redeem Units as detailed below:

Branch: \_\_\_\_\_

DATE (DD / MM / YY): 

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<b>UNIT HOLDER'S INFORMATION :</b>
Title of Account: _____

**REDEMPTION DETAILS :** Tick (√) whichever is applicable. [In case, redemption of units is from different account(s), please fill in separate form for each account]

<b>1. EQUITY FUND</b>									
<input type="checkbox"/> NI(U)T FUND									
Account Number	No. of Physical Units	No. of Electronic Units	Total Number of Units	OR Redemption Amount (Rs.)					
<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>									Rs. _____

<b>2. INCOME FUNDS</b> - Please select appropriate Fund.				
2.A. <input type="checkbox"/> NIT – GOVERNMENT BOND FUND		2.B. <input type="checkbox"/> NIT – INCOME FUND		
Please select Class of Units:				
a. <input type="checkbox"/> CLASS “A” - GROWTH UNITS		b. <input type="checkbox"/> CLASS “B” - INCOME UNITS		

Account Number	No. of Physical Units	No. of Electronic Units	Total Number of Units	OR Redemption Amount (Rs.)					
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Physical Unit Certificates Nos. (Please also attach physical unit certificates with this form)				

(and / or as per list attached)

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 Deed(s)/Offering Document(s).
2. I/We ratify that the information provided in this form is correct.

	Details of Unit Holder	Signature as per NIT Record	Verification (For Official Use Only)
<b>Principal Unit Holder / Signatory No.1</b>	Name: _____		
	CNIC: _____		
<b>1<sup>st</sup> Joint Unit Holder / Signatory No. 2</b>	Name: _____		
	CNIC: _____		
<b>2<sup>nd</sup> Joint Unit Holder / Signatory No.3</b>	Name: _____		
	CNIC: _____		
<b>3<sup>rd</sup> Joint Unit Holder / Signatory No.4</b>	Name: _____		
	CNIC: _____		

Company Name: _____ (For Institutional Investors only)	NTN: _____	<b>Stamp of the Institution</b>
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**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
Repurchase 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><td style="width: 20px; height: 20px;"></td></tr></table>							
No. of Units Redeemed	Price per unit	Gross Amount (Rs.)	DEDUCTIONS		Net Amount (Rs.)		
			Capital Gain Tax (Rs.) (if applicable)	Zakat (Rs.) (if applicable)			

Form reviewed and checked by: \_\_\_\_\_

Branch Stamp & Signature of the Branch Manager / Authorized Official: \_\_\_\_\_

**For notes, please see overleaf**

**NOTES TO THE INVESTOR:**

**Risk Disclaimer:** Prices of units of the funds and income from them may go up or down. Investors are advised in their own interest to carefully read the contents of the Offering Document(s) and Trust Deed(s) of the respective funds, in particular, Investment Policy, Risk Disclosure, Disclaimers, and Warnings before making any investment decision.

**Disclosure of Information:** NIT may, at any time, and from time to time, require an investor to furnish further information and/or documents, and it may disclose all/any investor information to relevant authorities if it deems necessary.

**Redemption of Physical Certificates:** In case of redemption of Physical Unit Certificates, kindly attach the same.

**Data Entry in Asset Connect by:**

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Received Cheque / Pay order bearing</b>
<b>No.</b> _____ <b>dated</b> _____ <b>for</b>
<b>Rs.</b> _____ <b>on account of</b>
<b>Repurchase value of</b> _____ <b>Units.</b>
<b>Signature of Unit Holder / Authorized Representative</b> (Please provide valid authorization letter duly signed by the unit holder(s) as per account operating instructions, in case of authorized representative)