



TRANSFER FORM **NIT-B**

DATE (DD / MM / YY):

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I/We the undersigned Transferor(s), being the holder(s) of under mentioned Units standing in my / our name(s) do hereby Transfer to the under named Transferee(s) to hold, by paying all charges/duties, if any AND the undersigned Transferee(s) do hereby agree to accept and take the said Units subject to the same conditions on which the Transferor(s) hold and as per details given below. I/We, the transferee(s) is/are not minors(s).

(Please tick appropriate box)

1. NI(U)T Fund 2. NIT Government Bond Fund 3. NIT Income Fund

TRANSFEROR(S) INFORMATION :

Account No.:

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 Branch/Distributor: _____

Title of Account: _____

No. of Units to be Transferred :

No. of Physical Units	No. of Electronic Units	Total Number of Units

Unit Certificates Nos., if issued in physical form

(and / or as per list attached)

TRANSFEEE INFORMATION :

Account No.:

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 Existing Account New Account (see notes overleaf)

Note: In case of transfer of units to an existing account maintained at the issuing office, account title of Transferee(s) must be same for both the accounts. For institutional account holders, title of both accounts and authorized signatories must remain same.

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

Signature of Transferor(s) as per NIT Record [Signature of Transferor(s) must be verified by issuing branch]	Verification (Office Use Only)	Signature of Transferee(s)
Transferor No.1 _____ Name: _____ CNIC: _____ Transferor No.2 _____ Name: _____ CNIC: _____ Transferor No.3 _____ Name: _____ CNIC: _____ Transferor No.4 _____ Name: _____ CNIC: _____ (In case of Institutional Unit Holders) Stamp of Institution: NTN: _____		Transferee No.1 _____ Name: _____ CNIC: _____ Transferee No.2 _____ Name: _____ CNIC: _____ Transferee No.3 _____ Name: _____ CNIC: _____ Transferee No.4 _____ Name: _____ CNIC: _____ (In case of Institutional Unit Holders) Stamp of Institution: NTN: _____

WITNESS NO.1 DETAILS:	WITNESS NO.2 DETAILS:
Signature: _____	Signature: _____
Name: _____	Name: _____
CNIC: _____	CNIC: _____

FOR OFFICIAL USE ONLY

DATE (DD / MM / YY):

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 TIME: _____ : _____ AM / PM




Form reviewed and checked by: _____ TR No.: _____

Branch Stamp & Signature of the Branch Manager / Authorized Official: _____

For notes, please see overleaf

NOTES FOR APPLICANTS

- Any alteration in the Transfer Form must be accompanied by full signature(s) of the Transferor(s) and the Transferee(s)
- Transferor(s) and Transferee(s) must attach copies of their valid CNIC.
- Transferee(s) must fill in and sign respective ‘Customer Due Diligence (CDD)/ Know Your Customer (KYC) & Registration Form’ and provide necessary information/documents in compliance of CDD/KYC Policy (if not provided earlier).
- Stamp duty shall be payable by the Transferee(s) as per applicable rules of Stamp Act for Transfer of Units and to be affixed on this form.
- In case of new account, Transferee(s) are required to fill in the relevant options below.

OPTIONS FOR NEW ACCOUNT: Tick (✓) whichever is applicable					
Selection of Option - For details please read the Offering Document(s)/Product Information and consult your investment advisor.					
	Dividend Option: a. <input type="checkbox"/> Cash Dividend b. <input type="checkbox"/> CIP – Reinvestment				
Pay dividend income derived from:					
i. <input type="checkbox"/> Share of Companies ii. <input type="checkbox"/> Morabaha iii. <input type="checkbox"/> Leasing iv. <input type="checkbox"/> TFC v. <input type="checkbox"/> PLS Deposits vi. <input type="checkbox"/> Others vii. <input type="checkbox"/> All					
 	a. <input type="checkbox"/> CLASS “A” - GROWTH UNITS		b. <input type="checkbox"/> CLASS “B” - INCOME UNITS		
Dividend Option for Growth Units:*		b.i. <input type="checkbox"/> Flexible Income Units			
a.i. <input type="checkbox"/> Cash a.ii. <input type="checkbox"/> Bonus		b.ii. <input type="checkbox"/> Fixed Income Units (Specify fixed amount)			
		Amount for Fixed Income Units (In Figures): _____			
		Amount in Words: _____			
		(In case of Income Units, only “Bonus” will be issued against distribution)			
		Regular Interval for “Class B” Income Units:			
		i. <input type="checkbox"/> Monthly ii. <input type="checkbox"/> Quarterly iii. <input type="checkbox"/> Semi-annually iv. <input type="checkbox"/> Annually			
GENERAL OPTIONS:					
<input type="checkbox"/> Bank Mandate: Name of Bank: _____ Account Number: _____					
Branch Address: _____					
<input type="checkbox"/> Non-deduction of Zakat (Attach valid declaration form)					
Account Operating Instructions:					
1. <input type="checkbox"/> Principal		2. <input type="checkbox"/> Jointly (any two)		3. <input type="checkbox"/> Jointly (All)	
				4. <input type="checkbox"/> Any One	
Declaration					
1. I/We shall not claim Repatriation from Pakistan of dividends and sale proceeds of the units except as permissible under the rules of State Bank of Pakistan or Ministry of Finance, Government of Pakistan.					
2. I/We have read and understood the Terms & Conditions of the Trust Deed, Offering Document and notes as mentioned above, and hereby agree to abide by all such documents and policies which may be executed pursuant to this transaction.					
3. I/We hereby confirm and ratify that all the information provided in this form is true and correct.					
Signatures:					
As per CNIC	Principal Unit Holder / _____	1 st Joint Unit Holder / _____	2 nd Joint Unit Holder / _____	3 rd Joint Unit Holder / _____	_____
	Signatory No.1	Signatory No. 2	Signatory No.3	Signatory No.4	Stamp of the Institution

*Dividend Option for Growth Units: Dividend / Bonus against NIT GBF and NIT IF will be issued as opted by the unit holder holding Growth Units, however, only Bonus Units shall be issued in case of Income Units (i.e. Flexible and Fixed Units) in both Funds. In case, unit holder does not opt for cash dividend or bonus option against Growth Units then NIT will issue units under Reinvestment, as per clause 7.4 of Offering Document of relevant Fund, which will be subject to Tax, as per applicable law.

**Delivery of Account Statement /
Acknowledgement of Transferee(s) or Authorized Representative
In case of Physical Unit Certificates**

AFFIX STAMPS HERE (Add additional sheets if necessary):