

To,
Managing Director
IDLC Asset Management Limited
South Avenue Tower (5th Floor),
Unit No. 502, House No. 50, Road No. 03,
7 Gulshan Avenue, Dhaka-1212, Bangladesh

For Office Use only

Registration No.:

Transfer No.:

Authorized Person's Signature :

(Please fill up the Form in BLOCK LETTERS)

Transferor

I / We, address (if changed) hereinafter referred to as transferor,
am/are the holder(s) of Units of IDLC Balanced Fund. I/We would like to
transfer Units (in words units) to
the following person/institution, hereinafter referred to as transferee:

Transferee

Name: Mr. / Mrs. / Ms. Father / Husband:

Mother: Occupation:

Address:

Nationality: National ID No. / Passport No. (if any):

Date of Birth: DD MM YY Email: Contact No.

Bank: Branch: ETIN No.

Bank A/C No. Registration No. (For existing unit holder only):

BO A/C No. Dividend Option: ☐ Cash ☐ CIP Investment Option: ☐ SIP ☐ Non SIP

If Transferee is Institution:

Registration No. (if existing unit holder):

No. of units held (if any): Name of Institution:

Address:

E-TIN No. Type of Institution: ☐ Local Company ☐ Foreign Company ☐ Society ☐ Trust ☐ Other

Contact No. Fax No.: Email:

Bank: Branch:

Bank A/C No. Means of transfer ☐ Inheritance ☐ Gift ☐ Operation of Law

BO A/C No. Dividend Option: ☐ Cash ☐ CIP Investment Option: ☐ SIP ☐ Non SIP

ACKNOWLEDGEMENT

Certified that this selling agent / bank has received a request for transferring Units of IDLC
Balanced Fund from to

Issuing Officer's Seal, Signature & Date
ID No. :

Transfer No.

Authorized Person's Signature
(Name & Designation)

Document Enclosed:

- ☐ Extract of Board Resolution
 ☐ Memorandum and Article of Association
 ☐ Certificate of Incorporation
☐ Power of Attorney in Favor of Authorized Person(s)
 ☐ E-TIN Certificate
☐ Society Registration Certificate
 ☐ Trust Deed

Witness

1. Signature: _____
 Name: _____
 Father's / Husband's Name: _____
 Address: _____
2. Signature: _____
 Name: _____
 Father's / Husband's Name: _____
 Address: _____

Signature of Transferor**Signature of Transferee****Details of the Person (if Any)**

Sl.	Name	Designation	Signature	Contact No.
1.				
2.				

Mode of Operation: Jointly by Single By

Signature(s) and Photograph:

Principal Applicant	Joint Applicant	Nominee's Photograph Attested by Principal Applicant

For Office Use Only

Date:/...../.....

Checked and Verified by Name:

Signature:

TERMS & CONDITIONS

- ♦ The Units may be transferred by way of inheritance/gift and/or by specific operation of the law. In case of transfer, the fund may charge a nominal fee as decided by IDLC Asset Management Limited from time to time except in the case of transfer by way of inheritance.
- ♦ Transfer of Units is allowed through the Selling Agents and the Asset Manager only.
- ♦ Units can be transferred on all working days except the last working day of the week and during the book closer period/record date of the Fund.
- ♦ The Confirmation of Unit Allocation(s) of the transferor is/are required to be attached with the Transfer Form.
- ♦ After verification of authenticity of the transferor's Confirmation of Unit Allocation(s) as well as the information provided in the transfer Form, the Asset Manager will deliver the new Confirmation of Unit Allocation in the name of Transferee within a period of five working days.
- ♦ The conditions applicable for initial Confirmation of Unit Allocation will apply even after transfer of Units in the name of Transferee.

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Date:/...../.....

Transferee's Registration No.: Transfer No.:

Confirmation of Unit Allocation No.: No. of Units Certificate No.:

Seal and Signature of Issuing Office

I/We, the said transferee, have received the above mentioned Confirmation of Unit Allocation and do hereby agree to accept and take the said Confirmation of Unit Allocation on the same terms and conditions on which they were held by the said transferor.

Signature of Transferee

Date:/...../.....