

IDLC GROWTH FUND

Asset Management Limited

financing happiness

Asset Manager: IDLC Asset Management Limited (IDLC AML)

TRANSFER FORM

(Please read the "Terms & Conditions" carefully)

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.:
Sale No.:
Selling Agent's Signature & ID:
Authorized Person's Signature:

(Please fill up the Form in BLOCK LETTERS)

Transferor								
I / We	, address (if changed)							
			he	ereinafter referred to as transfer				
am/are the holder(s) of			Units of ID	DLC Growth Fund. I/We would li				
to transfer	Units (in word	S		units)				
the following person / institution	n, hereinafter referred to as transfe	eree:						
Transferee		Mr.	Mrs.	Ms.				
Name:								
Father:		Mothe	er:					
Spouse:	Occup	pation:	Da	ate of Birth: DD/MM/YYYY				
Contact No.:	E-mail:		Nationality:					
Present Address:								
Permanent Address:								
National ID /Passport No. (if ar	ıy):	E-TIN:	Fund Regist	tration No. (If any):				
Bank:	Branch:		A/C No.:					
BO A/C No.:								
Means of transfer: Inheritan	ce Gift Operation of Lav	V						
Dividend Option: Cash	CIP (In the form of units) Sale Pr	oceeds Option: BEFTN	N Cheque Mode of Co	ommunication: Mobile Ema				
Nominee (if any)		Mr.	Mrs.	Ms.				
Name:								
Address:								
Contact No.:	National ID / Passport /	Birth Certificate No.:		Date of Birth: DD/MM/YYY				
Email:	Relationship wi	th the A/C holder:	Pe	ercentage of holding Units:				
	ACKN	NOWLEDGEMENT S	SLID					
Certified that this selling agent	t/ bank has received a request for) LIF	Units of IDI				
3 3	y banknas received a requestroi	5						
Dividend Option: Cash	CIP (In the form of units) Sale Pr	oceeds Option: BEFTN	N Cheque Mode of Co	ommunication: Mobile Ema				

Broker in formation	on:					
Name of the Broker: _			Contact F	Person:		
Contact No.:		E-mail:			DP ID:	
Witness						
1. Signature:			2. Sign	ature:		
Name:			Nam	ne:		
Father's / Husband	's Name:		Fath	er's / Husband's N	lame:	
Address:			Add	ress:		
Signature of Transferor						
Signature(s) and P	Photograph:					
Transferor		Tra	nsferee			Nominee
For Office Use Onl	V					
Date: DD/MM/YYY	•					
Checked and Verified by	y Name:					
Signature:						
TERMS & CONDITIO	ONS					
	we have received the A "Terms & Conditions", wh					th Fund and agree that sset Management Limited.
Signature:		,			,	J
Date: DD/MM/YYY	 Transferor		Transferee			 Nominee
FOR OFFICE USE O	NLY					
					Dat	re: DD/MM/YYY
Transferee's Registration No	D.:			Transfer No.:		
Confirmation of Unit Alloca	ation No.:	No. of Unit	ts		_Certificate No.:	
Seal and Signature	e of Issuing Office					
	e, have received the abov		-		ee to accept and	d take the said Confirmation

- The Units may be transferred by way of inheritance/gift and/or by specific operation of the law. In case of transfer, the fund will 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.
- The Units will 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.