

REDEMPTION FORM (INDIVIDUALS AND INSTITUTIONS)

(FORM: FCIL - 03) (Please see guidelines overleaf before completing this form)

	FCIL AC	count No.									
	Folio No	0.	•								
Date:											
I/We request you to redeer	n my/our Units acc	ording to the	provisio	ns of the	e Trust	Deed	and th	e Offer	ing Doc	ument of t	the respective
fund. Principle Account Holder's	Name:										
REDEMPTION DETAILS											
Name of Fund:		Fund Code	e:				Fund	d #			
No. of Units:			OR Amo	ount in \	Nords:						
Certificates Issued: □ No	☐ Yes, Certific	cate No. (s)									
Please not that this redemp	•		_		-		•				case the
Certificates are lost, stolen	or misplaced, Pleas	se contact the	Registra	ar/ Trans	ster Age	ent oi	r The IV	lanagei	ment Co	mpany.	
PAYMENT INSTRUCTIONS	(IF CHANGED FRO	M ORIGINAL I	PAYMEN	NT INSTI	RUCTIO	NS)					
	_										
Please note that Redemptic Account Opening Form. In o	•	•						•	•		
Form and enclose it with th		change of add	1633 01 1	Jank ue	talis lui	Tutu	ie enca	131111111111	it, Ficasi	e iiii tiie se	si vice Request
In case the investor require				other th	nan the	origi	nal inst	ruction	ns given	in the Acc	ount Opening
Form, please specify the de	tails in the below i	nentioned nei	us.								
☐ Cheque ☐ Pay Ord	er 🔲 Demand Dr	aft 🗆 Bank 1	ransfer	(please	fill the	appr	opriate	e field b	oelow o	nly)	
Account Title:	A	ccount No				Bank	Name	:			
Branch Name & Address:											
Note: The above payment i		e valid for this	redemp	tion tra	nsactio	n onl	у.				
REASON OF REDEMPTION	<u> </u>										
☐ Profitability ☐ :	Services of FCIL [→ Cash Requi	rement	⊔ Otl	ners						

☐ I/We have read involved.	and understand the guideli	nes as stated the Trust Deed	ls and Offering	Documents	of the fu	und and the risks						
☐ I/We acknowled	\square I/We acknowledge that the above information is correct to the best of my/our knowledge.											
transaction will	d that if redemption form is be processed on the next w ing of redemption form on t	orking day and that I/We w										
Signature	Signature Signature		Signature		nature							
	DISTRIBITOR/FA	ACILITATOR INFORMATION (Fo	r Office Use only									
	DISTRIBUTORYTA	CILITATOR IN ORNALION (10	TOTILE OSE OTHY									
Distributor/Facilitator Signature of Distributor/Facilitator		Form No. D	ate and Time	Details of Certificates & Units received from Unit Holder								
				Certificate(s) # Unit		Unit(s)						
FOR REGISTRAR USE ONLY												
Form Received on (Date & Time)	Particulars Verified By Name & Signatures	Certificates Verified & Defaced By	Redemptio	n Rate	С	ata Input By						
(Date & Tille)	Name & Signatures	Delaced by										

DECLARATION

Redemption Form (FCIL - 03)

GUIDELINES

General Instructions:

This from would be used for disinvestment of unit from FCIL Funds.

- 1. The Account Holder would need to state his/her name, and most importantly, the FCIL Account Number.
- 2. The Account Holder needs to specify whether he/she had taken physical possession of the certificates against his/her investment. If the subscriber ticks on the "yes" option, the certificates would need to be attached with the redemption form

REDEMPTION DETAILS

- 3. In this section, the Account Holder may choose to specify the disinvestments in terms of Rupees or Units, as per convenience.
- 4. The Unit Holder may choose to specify the redemption in terms of Rupees or Units. For redemption of all units please simply write the word "ALL" in the number of Units column.

INSTRUCTIONS REGARDING REDEMPTION PROCEEDS

- 5. Payment of redemption proceeds will be made by the Trustee within six Business days, after receipt of a properly documented request for Redemption of Units by the Company.
- 6. If redemption requests on any single day exceed 10% of the total number of units issued, the Trustee shall redeem only 10% on a first come served basis and defer the balance to the next business day.
- Copy of CNIC of the beneficiary is required to be submitted if redemption proceeds are to be credited to the bank account
 of the third party.
 (applicable for individuals only).

INFROMATION ABOUT OPERATING INSTRUCTIONS

- 8. All authorized individuals/signatories as specified in the **Account Opening Form (FCIL 01)** under the section "Account Operating Instructions" will have to sign this form, as per given instruction and specify their names.
- 9. In case of corporate clients, company's seal is required to be affixed along with the signatures of authorized signatories.

OTHER INSTRUCTIONS

- 10. Please note that Partial Redemption of Certificate(s) will not be entertained.
- 11. In case the Unit Holder(s) signature(s) varies from the specimen signature(s) provided in the **Account Opening Form (FCIL 01)**, the transaction will be treated as **"Cancelled"**.
- 12. In case the form has been filled in by the guardian on behalf of the minor, the name of the guardian should be written clearly in the form. Note that the payment shall be made in the name of the **Guardian** only.
- 13. If acknowledgement is not received within six working days, the Unit Holder should immediately contact FCIL, the Asset Management Company.

If you need any assistance or require additional information, Please contact our representative:

First Capital Investments Limited

Head Office: 2nd floor, Pace Shopping Mall, Fortress Stadium, Lahore, Pakistan. Telephone No.: +92-42 36623005-6-8 Fax:+92-42-36623121-22 Email: ir@pacepakistan.com Web: www.fcil.com.pk