**NAM IBBL Islamic Unit Fund**

Asset Manager: National Asset Management Ltd. (NAM)  
**TRANSFER FORM**(Please read ‘Terms and Conditions on reverse carefully)

DD / MM / YY

To Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Chief Executive Officer

**For Office Use only**  
Registration No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Sale No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Asset Management Ltd.

Green City Edge, Level-09,

89 Kakrail, Dhaka-1000.

**(Please fill up the Form in BLOCK LETTERS)**

I/We\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_address(ifchanged)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereinafter referred to as transferor, am/are the holder(s) of \_\_\_\_\_\_\_\_\_\_\_\_Units of NAM IBBL Islamic Unit 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Registration No. (for existing units’ holder only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DD/ MM / YY

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ National ID/Passport No. (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Routing No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank A/C No.: Dividend Option: Cash CIP



BO A/C No.:

Means of Transfer: Inheritance Gift Operation of Law

**If Transferee is Institution:**

Registration No: (if existing unit holder): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of units held (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TIN No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Institutions: Foreign Company Society Trust Other

Tel No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Routing No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank A/C No.: Dividend Option: Cash CIP



BO A/C No.:

Means of Transfer: Inheritance Gift Operation of Law

Details of Person(s), if any:

SL. Name Designation Signature 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mode of Corporation: Jointly by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Singly by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Document Enclosed: Memorandum and Article of Association Extract of Board Resolution Certificate of Incorporation

Power of Attorney in Favor of Authorized Person(s) TIN Certificate Trust Deed **Witness**

1. Signature:

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

Father’s/Husband’s Name: Signature of Unit Holder(s)

Address:

1. Signature:

Name:

Father’s/Husband’s Name:

Address

**For Office Use Only**

Checked and Verified by Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_\_

**ACKNOWLEDGEMENT**

Certified that this selling agent/ bank has received a request for transforming \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Units of NAM IBBL Islamic Unit Fund from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seal and Date of issuing Office Transfer No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized Signature

(Name & Designation)

**TERMS & CONDITIONS**

1. The Units may be transferred by way of inheritance/gif and /or by specific operation of the law. In case of transfer, the fund will charge a nominal fee as decided by National Asset Management Ltd. from time to time except in the case of transfer by way of inheritance.
2. Transfer of Units is allowed through the Asset Manager.
3. 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.
4. The total number of Units held by a single certificate is required to be transferred at a time.
5. The Confirmation of Unit Allocation(s) of the transferor is/are required to be attached with the Transfer Form.
6. The unit certificate(s), the unit holder(s) intend to transfer is/are required to be attached with the transfer form.
7. After verification of authenticity of the transferor’s Confirmation of Unit Allocation 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 seven working days.
8. The conditions applicable for initial Confirmation of Unit Allocation will apply even after transfer of Units in the name of Transferee.

**FOR OFFICE USE ONLY**

Transferee Registration No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Transfer No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_\_\_

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 Unit Holder

Date \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_\_\_