MCB-ARIF HABIB
Savings and Investments Limited

CDS UNITS FORM "I-1"

Date: _____	Please write in block letters using black ink

1) INVESTOR DETAILS

Title of Investor Account			
Investor Account Number		**CNIC / NICOP / Passport No.**	- -

2) DETAIL OF UNITS TO BE ISSUED INTO CDS BOOK-ENTRY SYSTEM

Name of the Fund		
Type of Units		
Class of Units		
Total Number of Units	**In figures**	
	In words	

Details of Certificates attached (if already issued)

Certificate No.						
No. of Units						

3) CDC ACCOUNT / SUB-ACCOUNT DETAILS

CDC Participant Name	

CDC Participant / Account Holder ID	**Sub Account Number**	**House Account Number**

OR

CDC Investor Account Services ID	**CDC Investor Account Number**

4) DECLARATION AND SIGNATURES

I/We, the undersigned, would like to transfer my/our above-mentioned Units of the Fund to CDC Investor Account/CDC Sub-Account under Book-Entry System as per above-mentioned details. I/We hereby declare that:

(a) I/We have read and understood the relevant constitutive documents of the Fund that governs this transaction and I/We agree to abide by the terms and conditions specified therein;

(b) I/We understand that the issuance, redemption, cancellation, transfer or pledge of Units under Book-Entry System shall be governed by the requirements specified in the Central Depositories Act, 1997 (as amended and replaced from time to time) and CDC Regulations (as amended and replaced from time to time); and

(c) I/We hereby unconditionally authorize the Management Company to transfer/redeem my/our Pledged Book-Entry Units in CDS to Eligible Pledgee if Pledge Call is made by an Eligible Pledgee, without any inquiry and/or investigation of authenticity of Pledge Call. I/We further understand that such Units will then be transferred/cancelled as the case may be, by the Management Company from my/our account maintained in the Unit Holder Register of the Management Company.

Principal Applicant's Signature / Company Stamp (in case of Institutions)	Signature / Company's Stamp
Authorized Signatories/ Joint Holder(s) Name	**Signature(s)**
(a)	Signature
(b)	Signature
(c)	Signature
(d)	Signature

5) INVESTMENT FACILITATOR/DISTRIBUTOR DETAILS (FOR OFFICIAL USE ONLY)

Name		**Code**		Distributor's Stamp with date and time
Branch Name		**City**		

6) REGISTRAR DETAILS (FOR OFFICIAL USE ONLY)

Date and Time Stamping	**Form received by**	Name and Signature
	Date, Form and attachments verified by	Name and Signature
	Data input by	Name and Signature

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