



Date: _____ Please write in block letters using black ink

1) Principal Applicant's Details

Title of Account																									
Investor Registration Number													CNIC/NICOP/Passport No.												

2) Redemption Details

Please fill either No. of Units OR Amount. In case both are filled, amount will be considered for redemption

Name of the Fund / Investment Plan	Type of Units	Class of Units	No. of Units	Amount	
				In Figures (Rs)	In Words
(a)					
(b)					
(c)					
(d)					

OR

Certificates Issued No Yes, Certificate No. _____ is/are attached with this Form.

CDS Account Details Participant ID/IAS ID _____ Client/House/Investor Account No. _____

NOTE: Proceeds against this redemption request will be deposited into already available bank account details updated under Investor Registration Number mentioned above. For any change/update in bank account details, a Special Request Form E-1 is required.

3) Declaration and Signatures

I/We, the undersigned, hereby declare that:

(a) I/We understand that the redemption of units will be made in accordance with the term and conditions as mentioned in the Constitutive Documents of the Fund;

(b) I/We understand that redemption proceeds may be subject to deduction of capital gain tax in accordance with the requirements of Income Tax Ordinance, 2001 applicable in Pakistan and the directives issued by Federal Board of Revenue (FBR) from time to time; and

(c) I/We understand that once the redemption request has been received by the Investment Facilitator/ Distributor, it cannot be cancelled.

(d) I/We understand that transaction request received within Cut-Off Timings of the Business Day will be processed at the price of the Scheme applicable on that Business Day. Transaction request received after Cut-Off Timings of the Business Day or on a non-business day, will be processed at the price of the Scheme applicable on the next Business Day. I/We have seen the Cut-Off Timings of the Scheme available at the download section of the website (www.mcbah.com).

Institutional Investor	Individual Investor	Attestation of Branch Manager and Witnesses shall be required only in case of Investor with unstable signature or thumb impression	
Company Stamp	Principal Applicant's Signature / Left Hand Thumb Impression	Attestation of Branch Manager	Witnesses (Adult Male Persons only) Name: _____ CNIC: _____ Signature: _____ Name: _____ CNIC: _____ Signature: _____

Authorized Signatories/Joint Holder(s)	Signature(s)
(a) Name:	
(b) Name:	
(c) Name:	
(d) Name:	

4) Investment Facilitator / Distributor Details (For Official Use Only)

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

5) 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