

HBL	<input type="text"/>	FUND	Date	<input type="text"/>
CLASS	<input type="text"/>	UNITS	Folio Number	<input type="text"/>

Personal Information

Mr./Mrs./Ms./ Messers

I/We the undersigned being the registered holder(s)/pledger of the abovemention Units request you to record pledge/lien over the following Unit(s) in favor of the pledge/lien holder(s) according to the provisions of the Trust Deed and Offering Document of the fund to which these Units belong.

Pledge Details (Units to be Pledged)

No. of Unit(s) In Words

If Certificates Issued (Please Provide Detail)

No. of Unit(s) In Words

Acknowledgement

In making this request I/we recognise and understand that:

The registration of this lien/pledge places a responsibility on you to ensure that all benefits accruing on such Units shall be held or paid to the order of the lien/pledge holder.

However, any units issued on reinvestment or bonus Units that the pledged Units are entitled to automatically be marked under the lien of the lien holder and in the event the pledged Units are redeemed for any reason whatsoever, the proceeds shall be paid to the order of the lien holder.

You do not however, accept any responsibility for the validity of my/our act of placing the pledged Units under lien nor for any obligations or commitments undertaken by me/us in respect thereof.

The lien on the pledged Units shall continue till such time it is released by the lien-holder in writing.

Pledger Signature

Joint Pledger/Authorized Signature 1

Joint Pledger/Authorized Signature 2

Joint Pledger/Authorized Signature 3

Date

Witness

Name

Signature

Address

CNIC No.

HBL Asset Management Limited

24-C, Khayaban-e-Hafiz, Phase VI, D.H.A Karachi
UAN: (021)111-425-262 Fax: (92-21) 35240634

Particulars of Pledgee/Lien Holder(s)

Name of Pledgee
Address

Tel
Fax
Mobile

Pledgee Signature
(Stamp in case of Institution)

Name of Joint Pledgee's & Authorized Signature(s)

Name(s)	Signature(s)
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>

Date

Witness

Name Signature
Address CNIC No.

Pledge Document (Mandatory)

Copy of C.N.I.C(s) Board Resolution Authorizing Pledge Memorandum and Article of Association

Distributor / Facilitator Information

Name Transaction date
No. of Units Pledged Total Certificate(s) Received

For Official Use Only

HBL Fund Units Pledged Pledged on
 Form duly completed Relevant copies and documents attached IT Updated
Distributor Name Code Pledge ID
Application Processed by IT Updated on Signature & Stamp

Provisional Receipt for Registration of Units Under Pledge/Lien

Pledge/Lien No. Date Received From (name of Pledger)
Application form for Pledge/Lien of Units of HBL Fund
and any certificates (if issued) have been duly returned.
Signature & Stamp

Thank You For Your Trust