

Date

Folio Number

Unit Holder Details (for Editing)

Name

CNIC / NTN No.*

*Kindly provide new CNIC Copy

Request Change In

Mailing Address / Contact Details

Account Operating Instruction

Cash Dividend/Bonus Details

Joint Applicant Details

Zakat Status

Change in Contact Details.

New Address

Tel (Res)

Tel (off)

Fax No

Mobile No

Email

Change in Joint Applicant(s)/Signatory

Deletion

Signature

Name:

CNIC No.

Name:

CNIC No.

Addition

Signature

Name:

CNIC No.

Name:

CNIC No.

Nominees

Deletion

Name:

CNIC No.

Addition

Name:

CNIC No.

Change in Account Operating Instructions

First name joint holder only

All joint holders

Either or survivor

Others (Please specify)

Change in Zakat Status

Zakat Deduction Yes

No (If "No" please provide Affidavit)

Type Of Units Growth

Income

Payment Frequency

Monthly

Quarterly

Half-Yearly

To be deposited in Bank **

To be paid by cheque or Demand Draft and sent to the registered address (for Income Units please opt the payment frequency)

Bank Account No.

Branch Name

Change in Cash Dividend/Bonus Details

C

B

To be Reinvested

To be Deposited In Bank Account (Given below)**

To be paid by Cheque

Bank Account No.

Branch Name

** For HBL Account Holder(s) Only

Acknowledgement

I/We hereby acknowledge having read and understood that the relevant data provided is correct to my knowledge. I/We further confirm that I/we authorize HBL Asset Management Limited to make the above changes to my/our account details as stated and to complete all the necessary alterations pertaining to the account.

Authorized Signatory /
Official Stamp (in case of Institutional Clients)

Authorized Signatory

Authorized Signatory

For Official Use Only

HBL Fund

Information duly completed

Distributor Name

Distributor Code

Application Processed by

IT Updated on

Signature & Stamp