

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.

**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.

**Pledgee 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**