HBL ASSET MANAGEMENT LTD.
ایسیٹ مینجمنٹ لمیٹڈ

Service Request Form

Date [ ]   Folio Number [ ]

Unit Holder Details

Name [ ]

CNIC / NTN No.* [ ]   *In case of expired CNIC, provide valid CNIC copy

Request Change In

☐ Mailing Address / Contact Details   ☐ Account Operating Instruction   ☐ Cash Dividend/Bonus Details

☐ Next of Kin Details   ☐ Zakat Status   ☐ Change in type of Units

Change in Contact Details

Mailing Address [ ]

City [ ]   Country [ ]   Mobile No [ ]

Tel (Office) [ ]   Tel (Home) [ ]   Email [ ]

Next of Kin

Add	Delete	Edit	Name	CNIC/NICOP No.	Relationship with Principal Account Holder	Conctact 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 Zakat Affidavit)

Change in Investment Plan

Name of Fund [ ]   Please Tick one: ☐ Growth   ☐ Income

                                         ☐ Flexible ☐ Fixed   Amount: [ ]

Payment Frequency   ☐ Monthly   ☐ Quarterly   ☐ Half-Yearly   ☐ Yearly

Change in Cash Dividend   ☐ To be Reinvested   ☐ Encash (To be Deposited In Bank Account given below)

Change in Bank Account Details

IBAN No. [ ]

Branch Name [ ]   Bank Name [ ]

Delivery mode for Statement of Account   ## Frequency for Statement of Account

☐ Email   ☐ By Post   ☐ Monthly   ☐ Quarterly   ☐ Semi-annually

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	Authorized Signatory