

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	Contact 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

☐ Email ☐ By Post

Frequency for Statement of Account

☐ 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

For Official Use Only

HBL Fund Information duly completed
 Distributor Name Distributor Code
 Application Processed by IT Updated on Signature & Stamp