

ALLIANCE SANDHANI LIFE UNIT FUND

Asset Manager: Alliance Capital Asset Management Limited (ACAML)

TRANSFER FORM

(Please read 'Terms and Conditions' on reverse carefully)

Date:/...../.....

To
The Managing Director & CEO
Alliance Capital Asset Management Limited (ACAML)
Sima Blossom (10th Floor), Plot # 390 (Old) 03 (New)
Road # 27 (Old) 16 (New)
Dhanmondi C/A, Dhaka-1209.

For Office Use only

Transfer No.:

(Please fill up the Form in **BLOCK LETTERS**)

Registration No. (Transferor):

I/ we, address (if changed)
....., hereinafter referred to as transferor, am/are the holder(s) of Units
of Alliance Sandhani Life Unit Fund. I / we would like to transfer Units (in words Units)
to the following person/institution, hereinafter referred to as transferee:

Transferee

Name: Mr./Ms./Mrs. Father/Husband:
Mother: Occupation:
Registration No. (if existing unit holder): Address:
..... Nationality: National ID No./Passport No.
(if any): Date of Birth:/...../..... Email:
Tel: Bank: Branch:

Bank A/c No.: Dividend Option: ☐ Cash ☐ CIP

Means of Transfer: ☐ Inheritance ☐ Gift ☐ Operation of Law

If Transferee is Institution:

Signature of Unit Holder

Registration No. (if existing unit holder): No. of unit holder (if any):
Name of Institution: TIN No.:
Address:

Type of Institution: ☐ Local Company ☐ Foreign Company ☐ Society ☐ Trust ☐ Other

Tel. No.: Fax No.: Email:

Bank: Branch:

Bank A/c No.: Dividend Option: ☐ Cash ☐ CIP

Name of the CEO/MD:

Details of Authorized Person (s), if any:

Sl.	Name	Designation	Signature
01			
02			

Mode of Operation: Jointly by Singly by

Documents Enclosed: ☐ Memorandum and Article of Association ☐ Extract of Board Resolution
☐ Power of Attorney in Favor of Authorized Person (s) ☐ TIN Certificate ☐ Certificate Incorporation
☐ Society Registration Certificate ☐ Trust Deed

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Applicant's Signature & Seal

Checked and Verified by Name: Signature: Date:/...../.....

ACKNOWLEDGEMENT

Certified that this selling agent/bank has received a request for transferring units of Alliance Sandhani Life Unit Fund.
From..... to.....

Selling Agent's Seal and Date

Transfer No.

Authorized Signature
(Name & Designation)

TERMS & CONDITIONS

1. The Units may be transferred by way of inheritance/gift and/or by specific operation of the law. In case of transfer, the fund will charge a nominal fee as decided by Alliance Capital Asset Management Limited from time to time except in the case of transfer by way of inheritance.
2. Transfer of Units is allowed through selling agents and the Asset Manager.
3. The Units will be transferred on all working days of the week except the book closure period/record date of the Fund.
4. The Confirmation of Unit Allocation(s) of the transferor is/are required to be attached with the Transfer Form.
5. After verification of authenticity of the transferor's Confirmation of Unit Allocation(s) as well as the information provided in the Transfer Form, the Asset Manager or the respective authorized selling agent will deliver the new Confirmation of Unit Allocation in the name of Transferee within a period of seven working days. If there are any Units left with the transferor after such transfer, the Asset Manager will issue a new Confirmation of Unit Allocation for the remaining Units in the name of the Transferor.
6. The conditions applicable for initial Confirmation of Unit Allocation will apply even after transfer of units in the name of Transferee.

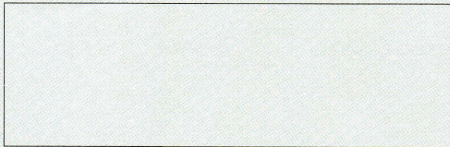
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Date:/...../.....

Transferee's Registration No.: Transfer No.:

Confirmation of Unit Allocation No.: No. of Units:

Selling Agent's Seal & Signature



I/we, the said transferee, have received the above mentioned Confirmation of Unit Allocation and do hereby agree to accept and take the said Confirmation of Unit Allocation on the same terms and conditions on which they were held by the said transferor.

.....
Signature of Transferee

Date:/...../.....