## **HFAML UNIT FUND**

# Asset Manager: HF Asset Management Limited

#### TRANSFER FORM

(Please read Terms and Conditions on reverse carefully)

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

For Office Use only The Managing Director & CEO HF Asset Management Limited (HFAML) Registration No. HFUF/ 138/1 Teigaon I/A, Dhaka-1208 Transfer No. Dear Sir. Date: ..... Transferor I/We, address hereinafter referred to as transferor, am/are the holder(s) units) tothe following person/institution, hereinafter referred to as transferee. **Transferee** Name: Mr./Ms./Mrs.M/S. Father/Husband: Mother: Occupation: Registration No. (for existing unit holder only):HFUF/ Present Address: Permanent Address: Nationality: National ID No./passport No. (if any): Date of Birth: \_\_\_\_/\_\_\_ Email: \_\_\_\_\_\_Tel/Mob: \_\_\_\_\_ Bank: Branch: ETIN No.: Bank A/C No. Dividend Option: ☐ Cash ☐ CIP Routing No. DP ID BO A/C No. Means of Transfer: ☐ Inheritance ☐ Gift ☐ Operation of Law If Transferee is Institution: Name of Institution: E-TIN No.: Address: Tel/Mob No.: ...... Email: ...... Type of Institutions: 

Local Company 
Foreign Company 
Society 
Trust 
Other Bank: ..... Branch: Bank A/C No. Dividend Option: ☐ Cash ☐ CIP Routing No. BO A/C No. DP ID ☐ Gift Means of Transfer: ☐ Inheritance ☐ Operation of Law Details of Authorized Person(s), if any: SI. Name Designation Signature 1. ..... 2. ..... Mode of Operation: Jointly by Singly by Witness: 1. Signature: Date: ..../..... Name: Father's/Husband'sName: Address: Signature of Transferor (1) Signature of Transferor (2) NID No: 2. Signature: Date: ..../..... Name: Father's/Husband'sName: Address: Signature of Transferee (1) Signature of Transferee (2) NID No:

# For Office Use only Checked and Verified by (Name):

### **TERMS & CONDITIONS**

The Units may be transferred by way of inheritance/gift at nominal fee as decided by HF Asset Management Limited		
2. Transfer of Units is allowed through selling agents and the	e Asset Manager.	
<ol><li>The Units will be transferred on all working days except the of the Fund.</li></ol>	he last working day of the week and during	the book closer period/ record dat
4. The Confirmation of Unit Allocation(s) of the transferor is/	are required to be attached with the Transf	er Form.
5. After verification of authenticity of the transferor's Confirm in the transfer Form, the Asset Manager or the respective the name of Transferee within a period of seven workin Asset Manager will issue a new Confirmation of Unit Alloc	e authorized selling agent will deliver the nong days. If there are any Units left with th	ew Confirmation of Unit Allocation in the transferor after such transfer, the
6. The conditions applicable for initial Confirmation of Unit A	llocation will apply even after transfer of Ur	nits in the name of Transferee.
Document Enclosed:		
☐ Memorandum and Articles of Association	☐ Extract of Board Resolution	☐ ETIN Certificate
☐ Power of Attorney in Favor of Authorized Person(s)	☐ Certificate of Incorporation	☐ Trust Deed
☐ Society Registration Certificate		
Fo	or Office Use Only	
		Date://
Transferee's Registration No.: HFUF/		
Committation of Onit Allocation No.	No. of office	inicate No
Seal and Signature of Issuing Officer		
I/We, the said transferee, have received the above accept and take the said Confirmation of Unit Allocathe said transferor.		
1. Signature of Transferee	2. Signature of Transferee	
Date:/	Date://	
ACK	NOWLEDGEMENT	
Certified that this selling agent/ bank has received a	a request for transferring	Units of HEAML Un
Fund from		
Transfer No.		
Transfer No.		

Certified that this selling agent/ bank has received a re	equest for transferring	Units of HFAML Unit
Fund from	to	
Transfer No.		

Issuing Officer Signature, Date & Seal

Authorized Signature (Name & Designation)