

HFAML SHARIAH UNIT FUND

Asset Manager: HF Asset Management Limited

TRANSFER FORM

(Please read The Terms and Conditions on reverse carefully)

PLEASE FILL UP THE FORM IN BLOCK LETTERS

The Managing Director & CEO
HF Asset Management Limited
House # CEN(B)-11, Road#99, Gulshan-2,
Dhaka-1212

FOR OFFICE USE ONLY.

Registration No.: HFSUF/.....

Transfer No:.....

Date: DD / MM / YYYY

Dear Sir,

I/We, address.....
..... hereinafter referred to as transferor, am/are the holder(s) of
..... Units of HFAML Shariah Unit Fund. I/We, would like to transfer Units (in words
..... units) to the following person/institution,
hereinafter referred to as transferee.

Witness:

Signature: Date: DD / MM / YYYY
Name:
Father's/Spouse Name:
Address:
NID No:

Signature of Transferor(s)

Transferee:

Name: Mr./Ms./Mrs.M/S. Father's/Spouse Name:.....
Mother: Occupation: Registration No. (for existing unit
holder only): HFSUF/ Present Address.....
Permanent Address Nationality:
National ID/ Passport No..... Date of Birth:/...../
Email:..... Tel/Mob: Bank:
Branch: e-TIN No.:

Bank A/C No.

Routing No.

B.O. A/C No.

Dividend Option: ☐ Cash ☐ CIP

DP ID.

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

If Transferee is an Institution:

Registration No. (if existing unit holder): HFSUF/ No. of Units held (if any).....
Name of Institution e-TIN No.:
Address.....
Tel/Mob No.:..... Fax No.: Email.....
Type of Institutions: ☐ Local Company ☐ Foreign Company ☐ Society ☐ Trust ☐ Other

Bank:..... Branch:.....

Bank A/C No.

Routing No.

B.O. A/C No.

Dividend Option: ☐ Cash ☐ CIP

DP ID.

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

Details of Authorized Person(s), if any:.....

SL Name	Designation	Signature
1.
2.
Mode of Operation: Jointly by.....		Singly by.....

Witness:

Signature: Date: DD / MM / YYYY
Name:
Father's/Spouse Name:
Address:
NID No:

Signature of Transferee(s)

TERMS AND 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 HF 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 business days except Thursday and during the book closer 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.

Documents Enclosed:

- ☐ Memorandum and Articles of Association
- ☐ Power of Attorney in Favor of Authorized Person (s)
- ☐ Society Registration Certificate
- ☐ Extract of Board Resolution
- ☐ e-TIN Certificate
- ☐ Trust Deed
- ☒ Certificate of Incorporation

FOR OFFICE USE ONLY

Date: DD / MM / YYYY

Transferee’s Registration No.: HFSUF/ Transfer No.:
..... Confirmation of Unit Allocation No.: No. of Units
Certificate No:

Checked and Verified by (Name):

.....

Signature

Date: DD / MM / YYYY

Seal and Signature of
Issuing Officer

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.

1. Signature of Transferee/
Authorized Person

Date: DD / MM / YYYY

2. Signature of Transferee/
Authorized Person

Date: DD / MM / YYYY