

HFAML-ACME EMPLOYEES' UNIT FUND

Asset Manager: HF Asset Management Limited

APPLICATION FORM TO PURCHASE UNITS

(Please read The Terms and Conditions hereinafter carefully)

To be filled in by the applicant(s)

(Please write clearly and delete words if not applicable)

For Office use only.

Sale Day:

Sale Number:

Date of Issue:

Registration No.: ACMEUF/

B.O. No:

Nominee Control Number:

Date:

The Managing Director & CEO
HF Asset Management Limited
138/1, Tejgaon Industrial Area
Dhaka-1208

Dear Sir,

I/we enclose herewith a cheque / P.O. / D.D. No. Date:

Bank Branch

for Tk. (in words)

and request you to sell to me/us Units of **HFAML-ACME Employees' Unit Fund** at the price

of Tk. per unit (Prevailing on the Sale Date). I/We do not hold/already hold

Units and my/our Registration No. is ACMEUF/ and BO No.

I/We am/are not minor(s). I/We have read and understood the terms and conditions of the Deed of Trust and Prospectus of the Fund and agreed to be bound and governed by the same on availing/using any facility. I/we further agree not to hold the Fund liable for any consequences in case of any of the below mentioned particulars being false, incorrect or incomplete. I/we hereby undertake to inform the Asset Manager of any changes to the information provided herein below and agree and accept that the Fund and its Asset Manager is not liable or responsible for any loss.

I/We understand that all payments in connection with or arising out of the Units hereby applied for shall be payable in Bangladeshi Taka only including income distribution and/or re-purchase price. I/We the undersigned do hereby declare that the money which is being invested for the purchase of unit certificates of **HFAML-ACME Employees' Unit Fund** has been earned /collected from the source(s) declared herein.

The completed application forms are enclosed for your kind perusal and necessary action.

Signature of Principal Holder/
Authorized Person

Signature of Joint Holder/
Authorized Person

HFAML-ACME EMPLOYEES' UNIT FUND

Asset Manager: HF Asset Management Limited

Photograph of
Principal Holder

PLEASE FILL UP THE FORM IN BLOCK LETTERS

PRINCIPAL HOLDER

Name (Individual/Institution) :

Father's Name :

Mother's Name :

Spouse's Name :

* Occupation :

Designation :

Nationality :

Date of Birth/Date of incorporation :

National ID No/Registration No. (Ins) :

Passport No. :

e-TIN Certificate No. :

Birth Certificate No. :

Correspondence/Present Address :

Permanent Address/Registered Address(Ins.) :

B. O. Account No. :

Telephone No. :

Cell No. :

Email :

Source of Fund :

Bank Details

A/C No. Routing No.

Bank Name Branch

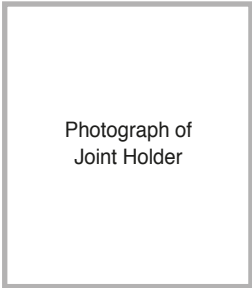
Address

Dividend Option: ☐ Cash ☐ CIP

Specimen signature of Principal Holder/
Authorized Person

HFAML-ACME EMPLOYEES' UNIT FUND

Asset Manager: HF Asset Management Limited



Photograph of
Joint Holder

PLEASE FILL UP THE FORM IN BLOCK LETTERS**JOINT HOLDER**

Name (Individual/Institution) :
 Father's Name :
 Mother's Name :
 Spouse's Name :
 * Occupation :
 Designation :
 Nationality :
 Date of Birth/Date of incorporation :
 National ID No/Registration No. (Ins) :
 Passport No. :
 e-TIN Certificate No. :
 Birth Certificate No. :
 Correspondence/Present Address :

 Permanent Address/Registered Address(Ins.) :

 B. O. Account No. :
 Telephone No. :
 Cell No. :
 Email :

 Specimen signature of Joint Holder/
 Authorized Person

HFAML-ACME EMPLOYEES' UNIT FUND

Asset Manager: HF Asset Management Limited

** TERMS & CONDITIONS

1. The Units of HFAML-ACME Employees' Unit Fund, hereinafter referred to as the Fund, may be bought and surrendered through HF Asset Management Limited (HFAML) and authorized selling agents appointed by HFAML on all business days except Thursday and book closer period as declared by HFAML.
2. Application may be made by an individual (both resident and non-resident), other Eligible Investors (both local and foreign), a trust or a society (registered in or outside of Bangladesh) and not by minor or person of unsound mind.
3. Joint application by two persons is acceptable. Registration and Unit allocation will be in favor of principal applicant while dividend and other benefits, if any, will be addressed to the bank account of principal applicant mentioned in the application form. In case of the death of any of the joint holders, only the survivor shall be recognized as having any title of the Units. On death of both the joint holder, the Units will bestow upon the nominee(s) if any mentioned in the Nominee Form HFACMEUPNF-2.
4. Minimum purchase amount for the individual investor is 100 (one hundred) Units and for institutional investor is 500 (Five hundred) Units.
5. Application for purchase of Units should be accompanied by a crossed Cheque/ pay order/ bank draft in favor of "HFAML-ACME Employees' Unit Fund".
6. After clearance/encashment of Cheque/draft/pay order, the applicant will be allocated Units of the Fund against every purchase with a denomination of number of units he/she/the institutional investor applies for. The balance of units will also be credited to the unit holder's BO A/C in demat form.
7. Surrender of any quantity of units is allowed both for individuals and institutions. Upon partial surrender, the unit holder will be issued with a new Confirmation of Unit Allocation representing the balance of Unit Holding.
8. 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 the Asset Manager from time to time except in the case of transfer by way of inheritance.
9. Unit holders may split their Unit Certificates subject to minimum denomination of 100 (One hundred) units. In case of split, the fund will charge a nominal fee as decided by HFAML from time to time.
10. Dividend may be delivered in cash or by way of Units under Cumulative Investment Plan (CIP) as the applicant has mentioned in the application form.
11. All payments/receipts in connection with or arising out of transactions in the Units hereby applied for shall be in Bangladeshi Taka.
12. Application by Charitable Organization/Provident Fund/Trust must be accompanied by the relevant documents as mentioned in the application form and the power of Attorney in favor of the person(s) signing the application should be attached.

13. Occupation may be classified as under

- | | |
|---|---|
| ☐ a. Civilian | ☐ i. House-Wife |
| ☐ b. Govt. Salaried | ☐ j. Working Woman |
| ☐ c. Non-Govt. Servant | ☐ k. Worker |
| ☐ d. Defense Person | ☐ l. Student |
| ☐ e. Professions-Legal, Medical and Engineering etc. | ☐ m. Bangladeshi Residing Abroad |
| ☐ f. Retired Person | ☐ n. Foreign National |
| ☐ g. Businessman | ☐ o. Scientist |
| ☐ h. Agriculturist | ☐ p. Miscellaneous. |

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

15. Documents enclosed

- (i) For Individual:

- | | |
|--|--|
| ☐ a. e-TIN Certificate | ☐ f. Water Bill |
| ☐ b. Passport | ☐ g. Telephone Bill |
| ☐ c. National ID | ☐ h. Electricity Bill |
| ☐ d. Birth Certificate | ☐ i. Gas Bill |
| ☐ e. Letter of Authority issued in favor of authorized person/signatory | |

- (ii) For others (as applicable):

- | | |
|--|---|
| ☐ a. Incorporation Certificate | ☐ e. e-TIN Certificate |
| ☐ b. Society Registration Certificate | ☐ f. Trust deed |
| ☐ c. Extract of the Board Resolution | ☐ g. Memorandum and Articles of Association |
| ☐ d. Letter of Authority issued in favor of authorized person/signatory | ☐ h. Relevant Document if Board Resolution is not required |

Signature of Principal Holder/
Authorized Person with date

Signature of Joint Holder (if any)/
Authorized Person with date

Received Certificates for Units as mentioned overleaf

(Sign of Applicant/Authorized Agent with date)