HFAML-ACME EMPLOYEES' 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)

The Managing Director & CEO
HF Asset Management Limited (HFAML)
138/1 Tejgaon I/A, Dhaka-1208

For Office Use only
Registration No. ACMEUF/ .....
Transfer No. .....

Dear Sir,

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

Transferor

I/We, ... address ..... hereinafter referred to as transferor, am/are the holder(s) of ..... Units of HFAML-ACME Employees' 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: ...../...../.....
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): ACMEUF/ ..... 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.																
BO A/C No.																

Dividend Option ☐ Cash ☐ CIP

DP ID | | | | | |

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

If Transferee is Institution:

Registration no. (if existing unit holder): ACMEUF/ ..... 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.																
BO 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: ...../...../.....
Name: .....
Father's/Spouse Name: .....
Address: .....
NID No: .....

Signature of Transferee(s)

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Checked and Verified by (Name): .....

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

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 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 working days except the last working day of the week 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.

Document Enclosed:

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

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

Transferee's Registration No.: ACMEUF/ ..... Transfer No.: .....

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

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: ……/……/……..……

2. Signature of Transferee/
   Authorized Person

   Date: ……/……/……..……