NIT-I

NATIONAL INVESTMENT TRUST LIMITED

Invest in Trust

NATIONAL INVESTMENT TRUST LIMITED

Investment Form
For Corporate

DATE (DD / MM / YYYY): __ __ - __ __ - __ __ __ __

UNIT HOLDER INFORMATION :

I / We request NIT to sell Me / Us units as detailed below

Title of Account ______________________________

PLEASE FILL OUT IN CAPITAL LETTERS

FP / Distributor Code: __________ **Account No.:** __________

Branch: ______________________________

PLEASE SELECT APPROPRIATE FUND:

Equity Scheme ☐ NI(U)T (Sales Load: 3%)	**Income Scheme** ☐ NIT-GBF (Sales Load: 1%) ☐ NIT-IF (Sales Load: 1%)	**Money Market Scheme** ☐ NIT-MMF (Sales Load: 0%)	**Shariah Compliant Money Market Scheme** ☐ NIT-IMMF (Sales Load: 0%)	**Shariah Compliant Equity Scheme** ☐ NIT-IEF (Sales Load: 0% - 3%) *Waived Since Launch of Fund
Shariah Compliant Income Scheme ☐ NIT-IIF (Sales Load: 0%)	**Asset Allocation Scheme** ☐ NIT-AAF (Sales Load: 0% - 2.5%)	**Sector Specific Income scheme** **Specific by Unit Class** ☐ NIT-SIF	☐ **Class "A" Units:** Front End Load: NIL Back End Load: 1st year - 3% 2nd year - 1.5% After 2 years - NIL Initial Investment: Rs. 500,000 /- Subsequent Investment: Rs. 2,500/-	☐ **Class "B" Units:** Front End Load: 2%** Back End Load: NIL Initial Investment: Rs. 500 /- Subsequent Investment: Rs. 250/- **At the discretion of management company

PAYMENT DETAILS (Investment in cash and third-party transaction is not allowed) :

Mode of Payment: ☐ Cheque ☐ Demand Draft ☐ Pay Order ☐ Others: __________

Bank Name: __________ **Branch:** __________ **City:** __________

Cheque/PO No.: __________ Date: __________ Amount in Figures: __________

Amount in Words: ______________________________

DECLARATION:

I/we acknowledge the disclosure of applicable sales load on above mentioned fund and also understand that a Sales Load___________% will be charged on the Investment. This is also to acknowledge that I/we have read, understood and agree with all the terms and conditions stipulated under the offering documents for funds under management of National Investment Trust Limited which are available on company's website www.nit.com.pk and I/we abide by the above appended terms.

COOLING-OFF RIGHT:

All individual unit holders can exercise a cooling-off right for refund of their first time investment in a collective investment scheme managed by NITL, by providing a written request within 3 business days from date of issuance of investment report. The refund (including sales load, if any) pursuant to the exercise of a cooling-off right shall be paid to the unit holder within six business days of receipt of written request from the unit holder in accordance with the Direction No. 31 of 2016 issued by SECP. The refund for every unit held by the unit holder should be an amount equal to NAV per unit applicable on the date the cooling-off right is exercised.

RISK CATEGORIZATION OF COLLECTIVE INVESTMENT SCHEMES (CIS) / PAYMENT DETAILS *

Fund Name	Category of CIS	Risk Profile	Risk of Principal Erosion	Title of Account
NI(U)T Fund	Equity	High	Principal at high risk	CDC–Trustee National Investment (Unit) Trust
NIT-GBF	Income	Medium	Principal at medium risk	CDC –Trustee NIT Government Bond Fund
NIT-IF	Income	Medium	Principal at medium risk	CDC –Trustee NIT Income Fund
NIT-SIF	Income	Medium	Principal at medium risk	CDC –Trustee NIT Social Impact Fund
NIT-MMF	Money Market	Low	Principal at low risk	CDC –Trustee NIT Money Market Fund
NIT-IEF	Shariah Compliant Equity	High	Principal at high risk	CDC –Trustee NIT Islamic Equity Fund
NIT-IMMF	Shariah Compliant Money Market	Low	Principal at low risk	CDC –Trustee NIT Islamic Money Market Fund
NIT-IIF	Shariah Compliant Income	Medium	Principal at medium risk	CDC – Trustee NIT Islamic Income Fund
NIT-AAF	Asset Allocation	High	Principal at high risk	CDC – Trustee NIT Asset Allocation Fund

* Payment instrument must be made in favor of the Trustee of the respective Fund, as title mentioned above:

Date of delivery / dispatch of Account Statement to Unit Holder: __________

1st Signatory	**2nd Signatory**	**3rd Signatory**	**4th Signatory**

FOR BRANCH USE ONLY

DATE (DD / MM / YY): __ __ / __ __ / __ __ __ __ TIME: ______ : ______ AM / PM Sale No.: __________

Transaction ID: __________

Investment Amount(Rs.)	Rate Per Unit (Rs.)	Total Electronic Units Allocated

Form reviewed and checked by: __________ Data entered by: __________

Branch Stamp & Signature of the Manager / Authorized Official: