NIT-D

NIT
NATIONAL INVESTMENT TRUST LIMITED
Invest in Trust

NATIONAL INVESTMENT TRUST LIMITED

Redemption Form

SR. No. ____________________

I / We request NIT to redeeme units as detailed below

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

UNIT HOLDER INFORMATION :

Title of Account ______________________________

PLEASE FILL OUT IN CAPITAL LETTERS

Authorized Person Contact Number: ____________________

REDEMPTION DETAILS: Tick (√) whichever is applicable (In case redemption of units is from different account(s), please fill in separate from for each account)

Selection of Fund - Please select appropriate Fund

Equity Scheme	**Income Scheme**	**Money Market Scheme**	**Shariah Compliant Money Market Scheme**	**Shariah Compliant Equity Scheme**
☐ NI(U)T	☐ NIT-GBF ☐ NIT-IF	☐ NIT-MMF	☐ NIT-IMMF	☐ NIT-IEF
Shariah Compliant Income Scheme ☐ NIT-IIF	**Asset Allocation Scheme** ☐ NIT-AAF	**Sector Specific Income scheme** Specific by Unit Class ☐ NIT-SIF	☐ Class "A" Units:	☐ Class "B" Units:

Account Number	No. of Physical Units	No. of Electronic Units	Total Number of Units or Redemption Amount (Rs.)	
				Rs.__________

Physical Unit Certificates Nos. (Please also attach physical unit certificates with this form)

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______________________________ (and / or as per list attached)

☐ **Direct Transfer of proceeds to my/our bank account mentioned below:** (Subject to applicable banks only, all fields mandatory)

Bank Name: ____________________ **Branch:** ____________________ **City:** ____________________

Account Number: ____________________ **IBAN Number:** ____________________

Branch Address: ______________________________

1. I/We confirm having filled and signed the application from after having read and understood all the reference notes and the provisions of the Trust Deed(s), Offering Document(s).
2. I/We rectify that the information provided in the from is correct.

Details of Unit Holder	Signature as per NIT Record	Verification (For Official Use Only)
Principal Unit Holder / Signatory No.1 **Name:** ____________________ **CNIC Number:** __________ **Issue Date:** __________ **Expiry Date:** __________		
1st Joint Unit Holder / Signatory No.2 **Name:** ____________________ **CNIC Number:** __________ **Issue Date:** __________ **Expiry Date:** __________		
2nd Joint Unit Holder / Signatory No.3 **Name:** ____________________ **CNIC Number:** __________ **Issue Date:** __________ **Expiry Date:** __________		
3rd Joint Unit Holder / Signatory No.4 **Name:** ____________________ **CNIC Number:** __________ **Issue Date:** __________ **Expiry Date:** __________		

Company Name: ____________________ **NTN Number:** ____________________ Stamp (For Institution Only)

FOR OFFICIAL USE ONLY

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

No. Of Units Redeemed	Price per unit	Gross Amount (Rs.)	Deductions		Net Amount (Rs.)
			Capital Gain Tax (Rs.) (If applicable)	Zakat (Rs.) (If applicable)	

Account Operating Instructions (as per branch record)

1. ☐ Principal 2. ☐ Jointly (Any two) 3. ☐ Jointly (All) 4. ☐ Any One

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

Branch Stamp & Signature of the Manager / Authorized Official: