



NATIONAL INVESTMENT TRUST LIMITED

SR. No. \_\_\_\_\_

DIVIDEND CLAIM FORM – BEARER COUPON(S)

NIT-DIV/B

\* Mandatory Fields

Branch: \_\_\_\_\_

DATE (DD / MM / YY): 

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I request NIT to pay dividend against Bearer Coupon(s) of NI(U)T Fund as detailed below:

UNIT HOLDER'S INFORMATION :	
*Name:	
*CNIC:	*CNIC Expiry Date:
Address:	Contact Number:
Bank Name:	Branch Name:
Complete A/c. No:	IBAN:
Branch Address:	City:
*Zakat Deduction: <input type="checkbox"/> YES <input type="checkbox"/> NO (If No, please attach valid declaration in case of Muslim) <input type="checkbox"/> Non Muslim	Sign.

BEARER COUPON(S) DETAILS:						
Dividend Coupon No(s).	Denomination	No. of Units	No. of Coupons	Certificate Number(s)	Date of Issue	Place/Branch of Issue

(and / or as per list attached)

1. I/We confirm having filled and signed this application form after having read and understood all the reference notes and the provisions of the Trust Deed(s)/Offering Document(s).
2. I/We ratify that the information, documents, coupons and certificates provided with this form is true and correct.
3. I hereby indemnify that being a claimant of the dividend will be held responsible directly for any claim, loss, damage arising due to any taken on the basis of information produced or any document attached herewith by me.

_____ <b>Signature of Bearer Unit Holder</b>	<b>**IMPORTANT**</b>  <b>This receipt is a security document and it should be preserved carefully, as no duplicate of this receipt will be issued.</b>
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FOR OFFICIAL USE ONLY							
DATE (DD / MM / YY): <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							TIME: _____ : _____ AM / PM      Bearer Dividend Claim No.: _____
Form reviewed and checked by:							
_____ Stamp & Signature of dealing Official	_____ Stamp & Signature of Branch Manager						

Original: Unit Holder

1<sup>st</sup> & 2<sup>nd</sup> Copy: IFC – along-with cancelled Bearer Coupon(s) & copy of Bearer Certificate(s)

3<sup>rd</sup> Copy: Branch Copy

**ACKNOWLEDGEMENT**

I hereby receive Cheque/DD/PO No. \_\_\_\_\_ dated \_\_\_\_\_ for Rs. \_\_\_\_\_.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Signature of Bearer Unit Holder

(In case of collection of Dividend proceeds through an authorized representative, a copy of Valid CNIC of authorized person and proper authorization duly signed by the unit holder are required.)