



TRANSFER FORM

NIT-B

DATE (DD / MM / YY):

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I/We the undersigned Transferor(s), being the holder(s) of under mentioned Units standing in my / our name(s) do hereby Transfer to the under named Transferee(s) to hold, by paying all charges/duties, if any AND the undersigned Transferee(s) do hereby agree to accept and take the said Units subject to the same conditions on which the Transferor(s) hold and as per details given below. I/We, the transferee(s) is/are not minors(s).

TRANSFEROR(S) PARTICULARS :

Account No.:

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 Branch/Distributor: _____

Fund Name: NI(UT) Fund NIT Government Bond Fund NIT Income Fund

Title of Account: _____
(Transferor)

No. of Units to be Transferred :

No. of Physical Units	No. of Electronic Units	Total Number of Units

Unit Certificates Nos., if issued in physical form

		(and / or as per list attached)

TRANSFEEE PARTICULARS :

Account No.:

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 Existing Account New Account (see notes overleaf)

Title of Account: _____
(Transferee – Institution/Principal Unit Holder)

Irrespective of account operating instructions, this form is to be signed by all the unit holders [i.e. Principal and Joint Unit Holder(s)].

Signature of Transferor(s) as per NIT Record [Signature of Transferor(s) must be verified by issuing branch]	Verification (Office Use Only)	Signature of Transferee(s)
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<p>Transferor No.1 _____ Name: _____ CNIC: _____ Expiry Date: _____</p> <p>Transferor No.2 _____ Name: _____ CNIC: _____ Expiry Date: _____</p> <p>Transferor No.3 _____ Name: _____ CNIC: _____ Expiry Date: _____</p> <p>Transferor No.4 _____ Name: _____ CNIC: _____ Expiry Date: _____</p> <p>(In case of Institutional Unit Holders) Stamp of Institution: _____ NTN: _____</p>		<p>Transferee No.1 _____ Name: _____ CNIC: _____ Expiry Date: _____</p> <p>Transferee No.2 _____ Name: _____ CNIC: _____ Expiry Date: _____</p> <p>Transferee No.3 _____ Name: _____ CNIC: _____ Expiry Date: _____</p> <p>Transferee No.4 _____ Name: _____ CNIC: _____ Expiry Date: _____</p> <p>(In case of Institutional Unit Holders) Stamp of Institution: _____ NTN: _____</p>
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WITNESS NO.1:	WITNESS NO.2:
Signature: _____	Signature: _____
Name: _____	Name: _____
CNIC: _____	CNIC: _____

FOR BRANCH USE ONLY

DATE (DD / MM / YY):

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 TIME: _____ : _____ AM / PM

Form reviewed and checked by: _____ TR No.: _____

Branch Stamp & Signature of the Branch Manager / Authorized Official: _____

NOTES FOR APPLICANTS

- Any alteration in the Transfer Form must be accompanied by full signature(s) of the Transferor(s) and the Transferee(s)
- Transferor(s) and Transferee(s) must attach copies of their valid CNIC.
- Transferee(s) must fill in and sign respective ‘Customer Due Diligence (CDD)/ Know Your Customer (KYC) & Registration Form’ and provide necessary information/documents in compliance of CDD/KYC Policy (if not provided earlier).
- Stamp duty shall be payable by the Transferee(s) as per applicable rules of Stamp Act for Transfer of Units and to be affixed on this form.
- In case of new account, Transferee(s) are required to fill in the relevant options below.

OPTIONS FOR NEW ACCOUNT: Tick (√) whichever is applicable				
1. EQUITY FUND - NI(UT) FUND				
Select Dividend Option: a. <input type="checkbox"/> Cash Dividend b. <input type="checkbox"/> Cumulative Investment Plan (CIP)				
Select Income to be derived from: i. <input type="checkbox"/> Share of Companies ii. <input type="checkbox"/> Morabaha iii. <input type="checkbox"/> Leasing iv. <input type="checkbox"/> TFC v. <input type="checkbox"/> PLS Deposits vi. <input type="checkbox"/> Others vii. <input type="checkbox"/> All				
2. INCOME FUNDS – NIT GOVERNMENT BOND FUND & NIT INCOME FUND (See Dividend Option below)				
Select Class of Units: a. <input type="checkbox"/> CLASS “A” - GROWTH UNITS OR b. <input type="checkbox"/> CLASS “B” - INCOME UNITS				
Select Dividend Option: i. <input type="checkbox"/> Cash Dividend OR ii. <input type="checkbox"/> Re-Invest		Select Type of Units: i. <input type="checkbox"/> Flexible Income Units OR ii. <input type="checkbox"/> Fixed Income Units (Specify Amount in Rupees: _____) Amount In Words: _____		
Select Regular Interval: i. <input type="checkbox"/> Monthly ii. <input type="checkbox"/> Quarterly iii. <input type="checkbox"/> Semi-annually iv. <input type="checkbox"/> Annually				
GENERAL OPTIONS:				
<input type="checkbox"/> Bank Mandate:				
Name of Bank: _____ A/c. No.: _____				
Branch Address: _____ City : _____				
Zakat Deduction: <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please attach valid declaration)				
Account Operating Instructions:				
1. <input type="checkbox"/> Principal		2. <input type="checkbox"/> Jointly (any two)		3. <input type="checkbox"/> Jointly (All)
4. <input type="checkbox"/> Any One				
Declaration I/We hereby confirm that I/we have read and understood the instructions mentioned herein which apply to National Investment Trust Limited (NIT) and its funds National Investment (Unit) Trust Fund, NIT Government Bond Fund, and NIT Income Fund and any other fund(s) offered by NIT from time to time, for compliance of Customer Due Diligence (CDD) and Know Your Customer (KYC) procedures for transaction in Funds’ units issued by NIT. I/we agree to abide by the terms, conditions, rules, regulations and other statutory requirements applicable to NIT and respective Funds. I/we hereby declare that the particulars given herein are true, correct and complete to the best of my/ our knowledge and belief, the relevant documents submitted along with this application are genuine. I/we hereby undertake to promptly inform NIT of any changes to the information provided hereinabove and agree and accept that NIT is not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by NIT on the basis of the information provided by me/us and also due to my/our not intimating/delay in intimating such changes. I/we hereby authorize NIT to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us relating to the respective Funds in which I/we may transact/have transacted including all changes, updates to such information as and when provided by me/us if such required to be submitted under the laws. I/we hereby agree to provide any additional information/documentation that may be required by the NIT, in connection with this Application Form.				
Signatures:				
Principal Unit Holder / Signatory No.1	1 st Joint Unit Holder / Signatory No. 2	2 nd Joint Unit Holder / Signatory No.3	3 rd Joint Unit Holder / Signatory No.4	Stamp (In case of Institution)

- Dividend Option:** (For NIT GBF & NIT IF)
- For Class “A” Growth Units, cash dividend/Units (Re-invest) as opted by the unit holder(s) shall be issued against distribution, if any. In case, unit holder does not opt for cash dividend or Re-invest then NIT will issue units under Reinvestment, as per clause 7.4 of Offering Document of relevant Fund, which will be subject to Tax, as per applicable law.
 - For Class “B” Income Units (i.e Flexible and Fixed) only Units shall be issued to the unit holder against distribution, if any.

**Delivery of Account Statement /
Acknowledgement of Transferee(s) or Authorized Representative
In case of Physical Unit Certificates**

AFFIX STAMPS HERE (Add additional sheets if necessary):