

**CONVERSION OF SCHEME FORM
FOR INDIVIDUAL AND CORPORATE INVESTORS**

NIT-CS

I/We request NIT to transact Units as detailed below:

Branch: _____

DATE (DD / MM / YY):

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UNIT HOLDER INFORMATION:

Title of Account: _____

Conversion details between Funds:

From Account No.	No. of Electronic Units for Conversion	From Fund:					
<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
To Account No.	Account Status	To Fund:					
<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						i. <input type="checkbox"/> Existing ii. <input type="checkbox"/> New* <small>* Complete necessary formalities</small>	

Details of Unit Holder	Signature as per NIT Record	Verification <small>(For Official Use Only)</small>
Principal Unit Holder / Signatory No.1		
Name: _____		
CNIC: _____ Expiry Date: _____		
1st Joint Unit Holder / Signatory No. 2		
Name: _____		
CNIC: _____ Expiry Date: _____		
2nd Joint Unit Holder / Signatory No.3		
Name: _____		
CNIC: _____ Expiry Date: _____		
3rd Joint Unit Holder / Signatory No.4		
Name: _____		
CNIC: _____ Expiry Date: _____		

Company Name: _____ <small>(For Institution only)</small>	NTN: _____	Stamp (For Institution only)
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OFFICIAL USE ONLY

DATE (DD / MM / YY): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							TIME: _____ : _____ AM / PM	Transaction No.: _____
No. of Electronic Units for Conversion	Rate per unit (Rs.)	Gross Amount (Rs.)	DEDUCTIONS		Net Amount (Rs.)			
			Capital Gain Tax (Rs.) <small>(if applicable)</small>	Zakat (Rs.) <small>(if applicable)</small>				
Account Operating Instructions (as per branch record):								
1. <input type="checkbox"/> Principal 2. <input type="checkbox"/> Jointly (any two) 3. <input type="checkbox"/> Jointly (All) 4. <input type="checkbox"/> Any One								
Form reviewed and checked by: _____								
Branch Name, Stamp & Signature of Branch Manager / Authorized Official: _____								
Investment Amount (Rs.)	Rate per unit (Rs.)	No. of Electronic Units issued						
Date of delivery/dispatch of Account Statement to Unit Holder: _____								