



NATIONAL INVESTMENT TRUST LIMITED

Sr. No. _____

**ISSUANCE OF ELECTRONIC UNITS
IN LIEU OF LOST / STOLEN OR DESTROYED UNIT CERTIFICATES**

NIT-K

DATE (DD / MM / YY):

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I/We, the undersigned, confirm that the under mentioned Physical Unit Certificate(s) standing in my / our name(s), have been lost / stolen / destroyed on _____ due to / because of _____ (specify date and circumstance under which they were lost, stolen or destroyed) and request to issue me / us Electronic Units in lieu thereof.

UNIT HOLDER'S INFORMATION :								
Account No.:	<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>						Branch :	<hr/>
Title of Account:								
Fund Name:	<input type="checkbox"/> NI(U)T Fund	<input type="checkbox"/> NIT Government Bond Fund	<input type="checkbox"/> NIT Income Fund					
Number of Physical Units (lost/stolen/destroyed): _____								
DETAILS OF PHYSICAL UNIT CERTIFICATES LOST / STOLEN / DESTROYED:								

(and / or as per list attached)

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

Details of Unit Holder(s)	Signature as per NIT Record	Branch Verification (For Official Use Only)
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 Institutional Investor only)</small>	NTN: _____	Stamp (In case of Institution)
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NOTE:
Please attach copies of CNIC of Unit Holder(s) and provide necessary information/documents in compliance to CDD/KYC Policy.

FOR 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><td style="width: 20px; height: 20px;"></td></tr></table>							TIME: _____ : _____ AM / PM
Form reviewed and checked by: _____	Renewal No.: _____						
Branch Stamp & Signature of the Branch Manager / Authorized Official:							