

(INDIVIDUALS AND INSTITUTIONS)



Date: _____

1. ACCOUNT DETAILS

Name of Applicant: _____ Folio No.: _____

2. CHANGE IN ADDRESS & OTHER DETAIL

☐ Mailing Address ☐ Permanent Address (Incase of change in permanent address kindly provide any evidence. i.e. copy of updated CNIC / Utility Bill)

Address:

Tel (Office).		Tel (Residential).		Fax No.	
Mobile:		Mobile:			

3. NEXT OF KIN

Name: _____

Mobile Number: _____

4. CHANGE IN ACCOUNT OPERATING INSTRUCTIONS

1. Account Operating Instructions (In case of institution, signature should be accompanied by stamp)

☐ Principal A/c. Holder Only ☐ Anyone ☐ Jointly by any two ☐ Jointly by all

2. Redemption Payment Instructions

☐ Send cheque to registered address

☐ Send cheque to Bank (If Bank option is selected, please provide the following information):

Bank Name:

IBAN:

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 (All previous account will be deleted)

4. Instruction for delivery of Account Statements

☐ By E-Mail/Web ☐ By Post

Frequency: ☐ Monthly ☐ Quarterly ☐ Annually ☐ Don't Send

5. Other Instructions

a) Please send monthly newsletter by: ☐ E-Mail ☐ Hard Copy ☐ Both ☐ Don't Send

b) Please send me daily prices by: ☐ E-Mail ☐ Don't Send

6. Online Access: ☐ Enable ☐ Disable

☐ Enable ☐ Disable

5. DECLARATION

Disclaimer: I/We are fully informed and understand that investment in units of CIS are not bank deposits, not guaranteed and not issued by any person. Shareholders of IAML are not responsible for any loss to me/us resulting from the operations of any CIS launched/ to be launched by IAML unless otherwise mentioned. Use of the Name and Logo of "Interloop Group" as given above does not mean that it is responsible for the liabilities / obligations of Atlas Asset Management Limited or any investment scheme managed by it.

	Name of Applicant(s)/Signatory	Designation (In case of Institution)	Signature (with Stamp in case of Institution)
Principal Applicant/Signatory			
First Joint Holder/Signatory			
Second Joint Holder/Signatory			
Third Joint Holder/Signatory			

Authorized Branch (Stamp) _____ Signature: _____

6. PROVISIONAL RECEIPT (Please make sure to take the receipt with you)

Received from Mr./Mrs./Ms./Messrs: _____	Date: _____		Authorized Branch: (Stamp)
Folio No.: _____	_____	_____	
Special Instruction Form : <input type="checkbox"/> Change in Address & Other detail <input type="checkbox"/> Change in Nominee(s) <input type="checkbox"/> Change in Systematic Payout & Systematic Withdrawal Plan <input type="checkbox"/> Change in Account Operating Instructions			Authorized Signatory: _____