

ICB1 - KHA

(A Subsidiary of ICB)

(Delete Words applicable, Please write clearly)

To be filled in by Issuing Office

TO

(Issuing Office Stamp)

Nominee Control Number
Transfer No.
Transfer Date
Registration No./B.O. No. of Transferee(s)
Signature :

To be filled in by the Applicant(s)

I/We the undersigned Transferor(s), being the Holder(s) ofUnits represented by Unit Certificate No. (s)

of the **FIRST ICB UNIT FUND** standing in my/our names (Registration No/B.O. NoSale No

.....Transfer No.....

.....do hereby transfer the said unit certificates to the hereinafter named Transferee(s) to hold subject to the same conditions on which I/ We hold them at the date.

BLOCK LETTER PLEASE

Witnesses

Signature :..... Name:..... Occupation:..... Address:.....	Signature of Transferor(s)/Authorized Representative (Institution) 1.
Signature :..... Name:..... Occupation:..... Address:.....	2.

I/We, the said transferee(s) do hereby agree to accept and take the said Unit Certificates subject to the same conditions on which they were held by the said transferor(s).

All payments in connection with or arising out of these Unit Certificates shall be payable in Bangladeshi Taka only including income distribution and or repurchase price. I/We declare that I/We am/are not a minor(s) and that I/we am/ are Bangladeshi National(s).

Photo of Transferee-1
with sign

Signature of Transferee(1)/Authorized Representative (Institution)

Witnesses :

Signature :.....

Name:.....

Father's/Spouse's Name:.....

Mother's Name:.....

Occupation:.....

Address:.....

.....

.....

Transferee-1/Authorized Representative (Institution)

Signature :.....

Name:.....

Father's Name:.....

Spouse's Name:.....

Mother's Name:.....

Occupation/Description.....

Nationality:.....

Date of Birth/Date of incorporation:.....

National ID No./Registration No. (Ins).....

Passport No.....

e-TIN Certificate No.....

Birth Certificate No.....

Correspondence/Present Address:.....

.....

Permanent Address/Registered Address(Ins.):.....

.....

Telephone No.

Cell No.....

E.mail :

Bank Details : A/C No

Bank Name

Branch

Routing No.....

Address

Specimen Signature of Transferee-1/
Authorized Representative (Institution)

Signature of Transferee(2)/Authorized Representative (Institution)

Photo of Transferee-2
with sign

<u>Witnesses :</u>	Transferee-2/Authorized Representative (Institution)
Signature :.....	Signature :.....
Name:.....	Name:.....
Father's /Spouse's Name:.....	Father's Name:.....
Mother's Name:.....	Spouse's Name:.....
Occupation:.....	Mother's Name:.....
Address:.....	Occupation/Description.....
.....	Nationality:.....
.....	Date of Birth/Date of incorporation:.....
	National ID No./Registration No. (Ins):.....
	Passport No.....
	e-TIN Certificate No.....
	Birth Certificate No.....
	Correspondence/Present Address:.....

	Permanent Address/Registered Address(Ins.):.....

	Telephone No.
	Cell No.....
	E.mail :

Specimen Signature of Transferee-2/
Authorized Representative (Institution)

NOTES:

1. Any Alternation in the Transfer Form must be confirmed by full signature of all the transferor(s) and the transferee(s).
2. Application by Institution, Charitable Organizations/Provident Fund/Trust Fund must be accompanied by the relevant document authorizing Transfer in units such as Extract of Board Resolution, Relevant document if Board Resolution is not required in favour of such Transfer in units.
3. Where the transferee is an Institution/Charitable Organization/Provident Fund Trust Fund, the Transfer Form must be accompanied by the relevant documents authorizing investment in the Unit Certificates such as Memorandum and Articles of the Company, Bye-Laws of the Society, a Resolution by the Board of Director/ Management Body and a Power of Attorney in favour of the person signing the Transfer Form.
4. Foreign nationals should ascertain their eligibility to hold Unit Certificates in the **FIRST ICB UNIT FUND** before completion of this Transfer Form.
5. Transfers will be effected on all working days except Thursday and book closer period declare by office.
6. Please indicate previous registration number, if any: Registration No./B.O. No.....
7. Transferee may provide nominee information through submitting application of Nominee Form (ICB1 Unit.KA(1) to authority.
8. If desired to get Certificate under Cumulative Investment Plan (CIP) in lieu of dividend please confirm. (√)

Yes	No
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9. Occupation may be classified as under (√)

a. Civilian
b. Govt. Salaried
c. Non-Govt. Servants.
d. Defense Personnel
e. Professions-Legal,
Medical and Engineering etc.
f. Retired Personnel
g. Businessmen
h. Agriculturists

i. House-Wives
j. Working Women
k. Workers
l. Student
m. Bangladeshi Residing Abroad
n. Foreign National
o. Scientist
p. Miscellaneous.

10. Type of Institution : (√) Local Company ☐ Foreign Company ☐ Trust ☐ Society ☐ Other ☐

11. Documents enclosed (√)

(i) For Individual :

a. e-TIN Certificate
b. Passport
c. Electricity Bill
d. Gas Bill
e. Letter of Authority issued in favor of
authorized person/signatory

f. National ID
g. Birth Certificate
h. Water Bill
i. Telephone Bill

(ii) For Others :

a. Incorporation Certificate
b. Society Registration Certificate
c. Extract of the Board Resolution
d. Letter of Authority issued in favor of
authorized person/signatory

e. e-TIN Certificate
f. Trust deed
g. Memorandum and Articles of
Association
h. Relevant Document if Board
Resolution is not required

Signature(s) of Transferee(s) or Authorized Representative (Institution)

Received Unit Certificate duly transferred for.....Units mentioned overleaf.

Signature(s) of Transferee(s) or Authorized Representative