

CFUF -GA

ICB AMCL CONVERTED FIRST UNIT FUND

Asset Manager: ICB Asset Management Company Ltd.  
(A Subsidiary of ICB)

SURRENDER FORM

(Delete words not applicable, Please write clearly)

(To be filled in by Issuing Office)

To	Repurchase No.
(Issuing Office Stamp)	Repurchase Date
	Registration No. CFUF/
	Signature (s) Verified
To be filled in by the Applicant(s)	

Date\_\_\_\_\_

I/We\_\_\_\_\_

Of\_\_\_\_\_

Being the Registered Holder(s) of \_\_\_\_\_ Units at the rate of TK. \_\_\_\_\_ Per Unit of \_\_\_\_\_

ICB AMCL Converted First Unit Fund by Certificate(s) Number(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Registration Number: CFUF/ \_\_\_\_\_ Sale No. \_\_\_\_\_

\_\_\_\_\_ TR No. \_\_\_\_\_ Hereby declare

that I/We am/are no longer interested in the Units and surrender the related Certificate(s) for repurchase on the price ruling on the repurchase date for this surrender.  
I/We desire payment in the form of \_\_\_\_\_ Payable to \_\_\_\_\_

at \_\_\_\_\_ Bank \_\_\_\_\_ Branch and such Payment shall be \_\_\_\_\_

accepted by me/us as full discharge in respect of the said Units.

Witnesses

1. Signature \_\_\_\_\_

Name \_\_\_\_\_

Father’s/ Husband’s Name \_\_\_\_\_

Mother’s Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

1. \_\_\_\_\_  
Signature of Principal Holder/  
Authorized Representative (Institution)

2. Signature \_\_\_\_\_

Name \_\_\_\_\_

Father’s/ Husband ’s Name \_\_\_\_\_

Mother’s Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

2. \_\_\_\_\_  
Signature of Joint Holder/  
Authorized Representative (Institution)

READ NOTES ON REVERSE

**NOTES:**

1. Units will be repurchased only on all working days except **Thursday** of the week and book closure period by the Office which issued the related certificates.
2. Other Office will receive Surrender Forms for sending to the appropriate Issuing Office. Holders are advised that such repurchases may be delayed and they will be charged for any postage and other costs involved.
3. The Repurchase Date in respect of any Surrender shall be all working days except Thursday and book closure period of the week on which it is accepted and found to be in order by the Issuing Office, or if accepted on any other day the last working day of the week next following, if last working day of the week happens to be a holiday the repurchase will be done on the next working day.
4. Payment will normally be made to the first named unit holder by cheque. Payment required in any other form may involve the holder in further costs.
5. Application by Institution, Charitable Organization/Provident Fund/Trust Fund must be accompanied by the relevant document authorizing surrender in units such as Extract of Board Resolution, Letter of Authority issued in favour of Authorized person/signatory, A Power of Attorney in favour of the person signing the surrender Form, relevant document if Board Resolution is not required in favour of such surrender in units etc.
6. MAKE SURE ALL CERTIFICATES TO BE SURRENDERED ARE ATTACHED TO THIS FORM.

Received cheque/Pay order for TK. \_\_\_\_\_ Cheque/pay order no. \_\_\_\_\_ on  
account of repurchase value of \_\_\_\_\_ Units as on overleaf.

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**Signature of Unit Holder /  
Authorized Representative (Institution)**