

Version: LIL-AOF-C-Form-100124

PRINCIPAL ACCOUNT HOLDER Name(as per CNIC) Mr. /Mrs. /Ms. /Ms Contact No. Investment Detail Name of Fund Type Amount in Rs. Payment Instrument Details Date Cheque No. / Online Transfer Bank Name Bank Name For Monthly/Quarterly Saving Payment Options 100% Profit 90% Profit withcapital growth 90% Profit withcapital growth 90% Profit withcapital growth Systematic withdrawal Rs. (nc case of fixed withdrawal amount, principal amount may be diminished) I authorize LIL to redeem my units to pay requested amount at regular interval based in the above instruction.	Amount in Words
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