Transfer of Unit Form



Dav	Month	Year				
Day	MOIIII	real	Folio No.:			
We, am/are	e maintaining acc	ount with Lucky Investme	ents with the following details;			
				sferor tails		
Principal	Account Hol	der Name				
Contact 1	Number					
	Fund I	Name(s)	Fu	nd Type No. of Units		
we would	like to request L	ucky Investments to kind	ly transfer above stated units fi	rom my/our account to the fol	llowing mentioned recipi	ent in the form of gift as
rmissible	under section 79	of Income Tax Ordinan	ce.			
				sferee tails		
	Folio #			Account	Relationship with Transferor	
	Sign	natura of Transfor	an e		ignature of Trans	faraa
Signature of Transferor			5	ignature of frams		
			Signature of Principal Account Holder			
	Signatui	re of Principal / Joint Accou	iii Holder(s)	Signa	nure of Frincipal Account H	ioidei
	FC	OR BRANCH USE O	NLY	FO	OR HEAD OFFICE U	SE ONLY
Receiving Branch:			Required Documents:	☐ Complete	☐ Incomplete	
Receiving Person Name:			Verification done throug	_{gh:} □ _{Call}	Email	
				Receiving Person Signat	ture:	
Receiving Person Signature:			CRM TicketNo:			
Branch Manager Verification: I confirm that I have endorsed the request after			Time Stamp:			
physically verifying the customer. Branch Manager Name:						
Dianen	ivianagei IValli	c				
Branch and Sta		ature:				



FOR TRANSFER OF UNITS REQUESTS:

Following checkings have been performed with respect to the attached unit transfer request.

1. General Requirements

S. No.	Requirements	Select
1	Completely filled and signed Unit Transfer form has been received and attached	
2	Signed Request letter for unit transfer has been received and attached	
3	Copy of valid CNICs for transferor and transferee has been received and attached	

2. Requirement for Deceased Case

S. No.	Requirements (as per Deceased Policy)	Select
1	Joint written request from all legal heirs requesting redemption has been received and attached	
2	An attested copy of the death certificate (NADRA) of the deceased unit holder	
3	Affidavit-cum-indemnity from all the legal heirs	
4	Personal guarantee of two individuals	
5	Notice in Newspaper	
6	Succession Certificate (if amount is greater than Rs. 500,000/-)	
7	Attested CNIC copies of legal heirs	

3. Customer Account Verification (Please (<)) tick where appropriate)

S. No.	For Transferor		For Transferee	
1	Valid email address is updated in our records		Valid email address is updated in our records	
2	Valid cell # is updated in our records		Valid cell # is updated in our records	
3	Zakat declaration has been obtained		Zakat declaration has been obtained	
4	Valid updated bank account details are available in our records		Valid updated bank account details are available in our records	
5	Account is not marked unverified for any reason		Account is not marked unverified for any reason	
6	CIP Attached (if required)		CIP Attached (if required)	

Check list filled by		Checked by		
Name of Staff	Signature	Name of Line Manager	Signature	