



# AAML Unit Fund Assurance Asset Management Ltd. (AAML)

**APPLICATION FORM TO PURCHASE UNITS – INDIVIDUAL**  
(Please Read “Terms and Conditions” overleaf carefully and fill up the form in BLOCK Letters)

To  
Managing Director  
Assurance Asset Management Limited (AAML)  
Registered Office: Seba House (1st Floor), House-34, Road-46,  
Gulshan North Commercial Area, Dhaka-1212  
Business Office: House-58, Road-16, Block-A, Banani, Dhaka-1213.

**(OFFICE USE ONLY)**

Registration No. ....  
Sale No. ....

I/ we would like to purchase \_\_\_\_\_ units of AAML Unit Fund at a price of Taka \_\_\_\_\_ per unit, prevailing on the sale date \_\_\_\_\_. I/we enclose a Cheque / P.O./D.D. No. \_\_\_\_\_ Bank \_\_\_\_\_ Branch \_\_\_\_\_ for an amount of Taka \_\_\_\_\_ (in words \_\_\_\_\_) with this application.

<b>Principal Applicant</b>										<input type="checkbox"/> Mr.		<input type="checkbox"/> Mrs.		<input type="checkbox"/> Ms.	
Name															
Fathers/ Husband:							Mother:								
Occupation: _____ Registration No. (for existing units holder only): _____															
Address: _____ ETIN _____															
Nationality: _____ No. of units held (if any): _____ National ID /Passport No. (if any): _____															
Date of Birth: <u>DD / MM / YY</u> Email: _____ Tel: _____															
Bank: _____ Branch: _____ A/C No. _____															
BO A/C NO.										Dividend Option: <input type="checkbox"/> Cash <input type="checkbox"/> CIP					

<b>Joint Applicant ( if any)</b>										<input type="checkbox"/> Mr.		<input type="checkbox"/> Mrs.		<input type="checkbox"/> Ms.	
Name															
Fathers/ Husband:							Mother:								
Occupation: _____ Registration No. (for existing units holder only): _____															
Address: _____															
Nationality: _____ No. of units held (if any): _____ National ID /Passport No. (if any): _____															
Date of Birth: <u>DD / MM / YY</u> Email: _____ Tel: _____															
BO A/C NO.															

<b>Nominee (if any)</b>										<input type="checkbox"/> Mr.		<input type="checkbox"/> Mrs.		<input type="checkbox"/> Ms.	
Name															
Fathers/ Husband:							Mother:								
Occupation: _____ Registration No. (for existing units holder only): _____															
Address: _____															
Nationality: _____ No. of units held (if any): _____ National ID /Passport No. (if any): _____															
Date of Birth: <u>DD / MM / YY</u> Email: _____ Tel: _____															
BO A/C NO.															
DP ID															

Document Enclosed:

- |                                                             |                                                                                    |
|-------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> NID/Passport (Applicant & Nominee) | <input type="checkbox"/> Photo graph (Applicant 2 Copy, Nominee Copy)              |
| <input type="checkbox"/> TIN Certificate (Applicant)        | <input type="checkbox"/> Electricity Bill / Gas Bill / Water Bill / Telephone Bill |

### Applicant's Signature

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_  
 Principal Applicant                      Joint Applicant (if any)                      Nominee's Signature

Date of Application: DD / MM / YY

### ACKNOWLEDGEMENT

Certified that this selling agent / bank has received a Cheque/ P.O./ D.D. No. \_\_\_\_\_ Bank \_\_\_\_\_ Branch \_\_\_\_\_ for an amount of Taka \_\_\_\_\_ (in words \_\_\_\_\_) Only from Mr./Mrs. /Ms. \_\_\_\_\_ being the application money for \_\_\_\_\_ Units of AAML Unit Fund .

Selling Agent's Seal and Date

Sale No: .....

Authorized Signature  
(Name & Designation)

**Signature(s)  
and  
Photograph(s)**

Principal Applicant's  
Photograph

Joint Applicant's  
Photograph

Nominee's Photograph Attested  
by Principal Applicant

1. The Units of AAML Unit Fund, hereinafter referred to as the Fund, may be bought and Surrendered through Assurance Asset Management Limited and authorized selling agents appointed by AAML from time to time.
2. Application may be made by an individual (both residence and non-resident), a corporation or company (both local and foreign), a trust or a society (registered in or outside of Bangladesh) and not by minor or unsound mind.
3. Joint application is acceptable by two persons. Registration and Unit allocation will be in favor principal applicant while dividend and others benefits, if any, will be addressed to the bank account or principal applicant mentioned in the application form. In case of the death of any of the joint holders, only the survivor shall be recognized as having any title of the Units. On death of both the joint holders, the Units will bestow upon the nominee.
4. Minimum purchase amount of the individual investor is 500 (five hundred) Units and for institutional investor is 5,000 (five thousand) Units.
5. Application for purchase of Units should be accompanied by a crossed cheque/ pay order / bank draft in favor of "AAML Unit Fund"
6. After clearance / encashment of cheque / draft / pay order, the applicant will be allocated Units of the Fund against every purchase with a denomination of number of units he/she applies for. The units will also be delivered to the unit holder's BO A/C in demat form.
7. Partial surrender is allowed subject to minimum surrender quantity is 500 (five hundred) Units both for individuals and institutions. Upon partial surrender, the Unit holder will be issued with a new Confirmation of Unit Allocation representing the balance of Unit Holding.
8. The Units may be transferred by way of inheritance/gift and/or by specific operation of the law. In case of transfer the Fund will charge a nominal fee as decided by the Asset Manager from time to time except in the case of transfer by way of inheritance.
9. Unit holders may split their Unit Certificates subject of minimum denomination of 500 (Five Hundred) units. In case of split, the Fund will charge a nominal fee as decided by AAML from time to time.
10. Dividend may be delivered in cash or by way of Units under Cumulative Investment Plan (CIP) as the application mentioned in the application form.
11. All payments in connection with or arising out of transactions in the Units hereby applied for shall be in BDT.

Date: DD / MM / YY

Registration No: \_\_\_\_\_ Sale No: \_\_\_\_\_

No. of Units: \_\_\_\_\_ Certificate No: \_\_\_\_\_

Issuing Officer's Sign, Seal & Stamp

I/we confirm that I/we have received the Confirmation of Unit Allocation Mentioned above and also that I/we agree to abide by the terms cited above as may be altered, replaced and modified from time to time by Assurance Asset Management Limited.

Applicant's Signature:

\_\_\_\_\_  
Principal Applicant

\_\_\_\_\_  
Joint Applicant (if any)



**Assurance Asset Management Ltd**

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