



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

## TRANSFER FORM

(Please Read "Terms and Conditions" overleaf carefully and fill up the form in BLOCK Letters)

To \_\_\_\_\_ (OFFICE USE ONLY)

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.

Transfer No. ....

Registration No. ....

**Transferor**

I/We \_\_\_\_\_, address (if changed) \_\_\_\_\_  
hereinafter referred to as transferor, am/are the holder(s) of \_\_\_\_\_ Units of AAML Unit Fund. I/We would like to transfer  
\_\_\_\_\_ Units (in words \_\_\_\_\_ units) to the following person/institution, hereinafter referred  
to as transferee:

**Transferee**

Name: Mr./Ms./Mrs. \_\_\_\_\_ Father/Husband: \_\_\_\_\_  
Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_ registration No. (For existing unit holder  
only): \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ Nationality: \_\_\_\_\_ National ID No./passport No. (if any): \_\_\_\_\_ Date of Birth: \_\_\_\_  
/\_\_\_ /\_\_\_ Email: \_\_\_\_\_ Tel/Mob: \_\_\_\_\_ Bank: \_\_\_\_\_ Branch:  
\_\_\_\_\_

Bank A/C \_\_\_\_\_ Dividend Option:  Cash  CIP  
No.: \_\_\_\_\_

**If Transferee is Institution:**

Registration no: (if existing unit holder): \_\_\_\_\_ No. of units held (if any): \_\_\_\_\_ Name of Institution:  
\_\_\_\_\_ TIN No.: \_\_\_\_\_ address:  
\_\_\_\_\_

Type of Institution:  Local Company  Foreign Company  Society  Trust  Other

Tel./Mob No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_  
Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Bank A/C \_\_\_\_\_ Dividend Option:  Cash  CIP  
No.: \_\_\_\_\_

Details of Person (s), If any: \_\_\_\_\_

Sl	Name	Designation	Signature
1.	_____	_____	_____
2.	_____	_____	_____

Mode of Operation: Jointly by \_\_\_\_\_ Singly by \_\_\_\_\_

**Document Enclosed:**

- Memorandum and Article of Association  Extract of Board Resolution  Power of Attorney in Favor of Authorized Person (s)
- Society Registration Certificate  Trust Deed  E TIN Certificate  Certificate of Incorporation

**Witness**

1. Signature: \_\_\_\_\_ Name: \_\_\_\_\_  
Father's/Husband's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
2. Signature: \_\_\_\_\_ Name: \_\_\_\_\_  
Father's/Husband's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
**Applicant's Signature & Seal**

**For Office Use Only**  
Checked and Verified by: Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

**ACKNOWLEDGEMENT**

Certified that this selling agent/ bank has received a request for transforming \_\_\_\_\_ Units of AAML Unit  
Fund from \_\_\_\_\_ to \_\_\_\_\_.

**TERMS & CONDITIONS**

1. 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 Assurance Asset Management Limited from time to time except in the case of transfer by way of inheritance.
2. Transfer of Units is allowed through selling agents and the Asset Manager.
3. The Units will be transferred on all working days except the last working day of the week and during the book closer period/ record date of the Fund.
4. The Confirmation of Unit Allocation(s) of the transferor is/are required to be attached with the Transfer Form.
5. After verification of authenticity of the transferor's Confirmation of Unit Allocation of Unit Allocation(s) as well as the information provided in the transfer Form, the Asset Manager or the respective authorized selling agent will deliver the new Confirmation of Unit Allocation in the name of Transferee within a period of seven working days. If there are any Units left with the transferor after such transfer, the asset Manager will issue a new Confirmation of Unit Allocation for the remaining Units in the name of the Transferor.
6. The conditions applicable for initial Confirmation of Unit Allocation will apply even after transfer of Units in the name of Transferee.

**FOR OFFICE USE ONLY**

Date: DD / MM / YY

Transferee's Registration No.: \_\_\_\_\_ Transfer No.: \_\_\_\_\_

Confirmation of Unit Allocation No.: \_\_\_\_\_ No. of Units: \_\_\_\_\_

Certificate No.: \_\_\_\_\_

Seal and Signature of Issuing Officer

I/We, the said transferee, have received the above mentioned Confirmation of Unit Allocation and do hereby agree to accept and take the said Confirmation of Unit Allocation on the same terms and conditions on which they were held by the said transferor.

**Signature of Transferee**

Date: DD / MM / YY



**Assurance Asset Management Ltd**

House-58, Apartment-B2, Road-16, Block-A, Banani, Dhaka-1213.

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