

Date: _____

1. ACCOUNT DETAILS

Name of Applicant: _____ Folio No.: _____

2. REDEMPTION DETAILS

I/We, the undersigned being the registered holder(s) of Units, as detailed below request you to redeem my/our Units according to the provisions of the Trust Deed and the Offering Documents of the respective Atlas Fund(s).

Redemption in Units Redemption in Amount Redemption in Percentage (Only for Administrative Plan)

- | | | |
|--|-------------------------------------|--|
| <p>Name of Fund</p> <p><input type="checkbox"/> Atlas Income Fund (AIF)</p> <p><input type="checkbox"/> Atlas Stock Market Fund (ASMF)</p> <p><input type="checkbox"/> Atlas Islamic Fund (AISF)</p> <p><input type="checkbox"/> Atlas Islamic Income Fund (AIIF)</p> | <p>]</p> <p>]</p> <p>]</p> <p>]</p> | <p>Administrative Plans</p> <p><input type="checkbox"/> Growth Plan</p> <p><input type="checkbox"/> Balanced Plan</p> <p><input type="checkbox"/> Income Multiplier Plan</p> <p><input type="checkbox"/> Islamic Growth Plan</p> <p><input type="checkbox"/> Islamic Balanced Plan</p> <p><input type="checkbox"/> Islamic Income Multiplier Plan</p> <p><input type="checkbox"/> Systematic Payout Plan <input type="checkbox"/> Systematic Withdrawal Plan</p> |
|--|-------------------------------------|--|

Certificate attached: Yes No. If attached, please provide details of certificates. Certificates Nos: _____

3. PAYMENT INSTRUCTIONS

Please send the cheque for the redemption proceeds at my registered address

Registered Address (If different from registered address): _____

Please send directly to the Bank as per following particulars:

Account Title: _____ Account No. _____

Name of the Bank: _____ Branch Address: _____

Foreign Remittance (Conditions Apply)

4. SIGNATURES

	Name of Applicant(s)/ Signatory	Designation (In case of Institution)	Signature (with Rubber Stamp in case of Institution)
Principal Applicant/Signatory			
First Joint Holder/Signatory			
Second Joint Holder/Signatory			
Third Joint Holder/Signatory			

5. PROVISIONAL RECEIPT (Please make sure to take the receipt with you)

Received from Mr./Mrs./Ms./Messers: _____

Application for the encashment of (Fund/Plan): _____ Amount (Rs.): _____ OR

Number of Units: _____ OR % _____ Number of Certificates attached: _____

Certificate Nos: _____ Stamp & Receipt Date & Time: _____

Authorized Signatory: _____ Authorized Branch: _____



Atlas Asset Management