

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)

- | <u>Name of Fund</u> | <u>Administrative Plans</u> |
|---|--|
| <input type="checkbox"/> Atlas Income Fund (AIF) | <input type="checkbox"/> Atlas Bachat Growth Plan
<input type="checkbox"/> Atlas Bachat Balanced Plan
<input type="checkbox"/> Atlas Bachat Plan |
| <input type="checkbox"/> Atlas Stock Market Fund (ASMF) | |
| <input type="checkbox"/> Atlas Islamic Stock Fund (AISF) | |
| ⋮ | |
| <input type="checkbox"/> Atlas Islamic Income Fund (AIIF) | <input type="checkbox"/> Atlas Bachat Growth Islamic Plan
<input type="checkbox"/> Atlas Bachat Balanced Islamic Plan
<input type="checkbox"/> Atlas Bachat Islamic Plan |
| <input type="checkbox"/> Atlas Money Market Fund (AMF) | |
| <input type="checkbox"/> Atlas Sovereign Fund (ASF) | |

- Allocation Plans**
- Atlas Aggressive Allocation Islamic Plan (AAAIP)
 Atlas Moderate Allocation Islamic Plan (AMAIP)
 Atlas Conservative Allocation Islamic Plan (ACAIP)
 Atlas Islamic Dividend Plan (AIDP)
 Atlas Islamic Capital Preservation Plan (AICPP)*

* Constant Proportion Portfolio Insurance – CPPI Plan. The Term/ Duration of the Allocation Plan is Perpetual. However, the initial maturity of (AICPP) shall be thirty month (2.5 years) from the close of the subscription period. 2.5% back end Load shall be charged in case redemption from the fund is made before the stated maturity/duration of the CPPI base plans.

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./Messrs: _____

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

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

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

Authorized Signatory: _____ Authorized Branch: _____



Atlas Asset Management