

1. ACCOUNT DETAILS:

Name of Applicant: _____ Folio / CNIC No. _____

2. CHANGE IN ADDRESS & OTHER DETAIL

Mailing Address Permanent Address (Incase of change in permanent address kindly provide any evidence. i.e. copy of updated CNIC / Utility Bill)

Address: _____

Tel & Fax No. Off. Res: Fax: _____

Mobile/Email: Mobile E-Mail _____

NEXT OF KIN

Name: _____

Mobile Number: _____

4. CHANGE IN SYSTEMATIC PAY OUT & SYSTEMATIC WITHDRAWAL PLAN

ADDITION DELETION

Systematic Payout Option (Income based on performance of the fund) **Atlas Income Fund**

Systematic Withdrawal Option (Income based on requirements of the investor), please specify amount in Rs. _____ (Please note that in case of fixed income units if the income required exceeds income earned on the Fund, the principal invested may deplete over time). **Atlas Money Market Fund**

Atlas Islamic Income Fund

Periodic Payment: (Please Tick any one) Monthly Quarterly Semi-annually Annually

5. CHANGE IN ACCOUNT OPERATING INSTRUCTIONS

1. Account Operating Instructions (In case of institution, signature should be accompanied by rubber stamp)

Principal A/c. Holder Only Anyone Jointly by any two Jointly by all

2. Redemption Payment Instructions **3. Reinvestment of Cash Dividend**

Send cheque to registered address YES NO

Send cheque to Bank (If Bank option is selected, please provide the following information):

Bank Name: _____

IBAN: (All previous account will be deleted)

4. Instruction for delivery of Account Statements **5. Other Instructions**

By E-Mail/Web By Post a) Please send monthly newsletter by E-Mail Hard Copy Both Don't Send

Frequency- Monthly Quarterly Annually Don't Send b) Please send me daily prices by E-Mail Don't Send

6. DECLARATION

I/We hereby confirm that the details provided are true and correct to the best of my knowledge. I authorize Atlas Asset Management Limited to make additions and/or changes through this form in my folio as stated. I hereby accept that the company may at any time require verification before processing the requested information in this form via telephonic verification or requiring certain identification before acting upon my instructions.

	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			

Authorized Branch (Stamp): _____ Signature: _____

7. PROVISIONAL RECEIPT (Plase make sure to take the receipt with you)

Received from Mr./Mrs./Ms./Messers: _____	Date _____	Authorized Branch: (Stamp)
Folio No.: _____		
Special Instruction Form : <input type="checkbox"/> Change in Address & Other detail <input type="checkbox"/> Change in Nominee(s)		Authorized Signatory: _____
<input type="checkbox"/> Change in Systematic Payout & Systematic Withdrawal Plan <input type="checkbox"/> Change in Account Operating Instructions		