ATLAS ASSET MANAGEMENT LIMITED
SPECIAL INSTRUCTION FORM
(INDIVIDUALS AND INSTITUTIONS)
(FORM: AAML - 07)

Atlas funds
Nurturing your investments

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)

☐ **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 Income Fund**
☐ **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:

☐ Send cheque to registered address

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

Account Title: _____ Bank Name: _____

IBAN: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (All previous account will be deleted)

3. Reinvestment of Cash Dividend:

YES ☐ NO ☐

4. Information via Electronic Mode (Transactional & Periodic): ☐ Accept ☐ Deny (Incase of deny, information will be sent through post)

5. Daily Nav Alerts: ☐ E-Mail ☐ SMS ☐ Don't Send

6. Online Access: ☐ Enable ☐ Disable

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			

7. Customer Acknowledgement (for internal purpose)

I/We hereby confirm that acknowledgement receipt of my application has been received. Customer Signature _____

8. ACKNOWLEDGED RECEIPT (Please make sure to take the receipt with you)

Received from Mr./Mrs./Ms./Messrs: _____ Date

Folio No.: _____

Authorized Branch: (Stamp)

Authorized Signatory: _____