

**1. DETAILS OF TRANSFEROR**

I/We the undersigned transferor(s) being the registered holder(s) of the under mentioned Units(s) of the respective Atlas Fund(s) transfer the said Unit(s) to the hereinafter named transferee(s) to hold subject to the same terms & conditions, on which I/We hold them.

Name of Transferor: \_\_\_\_\_

Folio No.: \_\_\_\_\_

- Transfer in Units     Transfer in Amount     Transfer in Percentage (Only for Administrative Plan)

Name of Fund

Administrative Plans

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Atlas Income Fund (AIF)                | } | <input type="checkbox"/> Atlas Bachat Growth Plan           |
| <input type="checkbox"/> Atlas Stock Market Fund (ASMF)         |   | <input type="checkbox"/> Atlas Bachat Balanced Plan         |
| <input type="checkbox"/> Atlas Islamic Stock Fund (AISF)        |   | <input type="checkbox"/> Atlas Bachat Plan                  |
| <input type="checkbox"/> Atlas Islamic Income Fund (AIIF)       | } | <input type="checkbox"/> Atlas Bachat Growth Islamic Plan   |
| <input type="checkbox"/> Atlas Money Market Fund (AMF)          |   | <input type="checkbox"/> Atlas Bachat Balanced Islamic Plan |
| <input type="checkbox"/> Atlas Islamic Money Market Fund (AIMF) |   | <input type="checkbox"/> Atlas Bachat Islamic Plan          |
| <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)

Certificate attached:  Yes     No.    If attached, please provide details of certificates.    Certificate Nos: \_\_\_\_\_

Name(s) and signature(s) of the transferor(s)  
(All joint holders shall sign unless first named is authorized to sign singly)

	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			

**2. DETAILS OF TRANSFEREE**

I am/We are Unit Holder(s). My/Our folio number is \_\_\_\_\_     I am a /We are new applicant(s) (A separate account opening form is enclosed)

The above units may be registered in:     Existing Folio     New Folio

Name of Transferee: \_\_\_\_\_ CNIC/NTN No.(Mandatory): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Acceptance by Transferee:

I/We hereby accept the holding of above mentioned units in my/our name subject to the same terms and conditions held by the transferor.

	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			

**3. TRANSFEREE'S PROVISIONAL RECEIPT**

Received from Mr./Mrs./Ms./Messrs.:(Transferor) \_\_\_\_\_ and Mr./Mrs./Ms./Messrs.:(Transferee) \_\_\_\_\_

Application for the transfer of: \_\_\_\_\_ Number of Units \_\_\_\_\_ Name of Fund: \_\_\_\_\_

Type of Unit: \_\_\_\_\_ Number of Certificates attached: \_\_\_\_\_ Certificate Nos. \_\_\_\_\_

Stamp Received Date & Time

Authorized Signatory: \_\_\_\_\_ Authorized Branch: \_\_\_\_\_