

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 Bachat Balanced Plan |
| <input type="checkbox"/> Atlas Stock Market Fund (ASMF) | | | | | <input type="checkbox"/> Atlas Bachat Plan |
| <input type="checkbox"/> Atlas Islamic Stock Fund (AISF) | | | | | <input type="checkbox"/> Atlas Bachat Growth Islamic Plan |
| | | | | | <input type="checkbox"/> Atlas Bachat Balanced Islamic Plan |
| <input type="checkbox"/> Atlas Islamic Income Fund (AIIF) | | | | | <input type="checkbox"/> Atlas Bachat Islamic Plan |
| <input type="checkbox"/> Atlas Money Market Fund (AMF) | | | | | |
| <input type="checkbox"/> Atlas Islamic Cash Fund (AICF) | | | | | |
| <input type="checkbox"/> Atlas Islamic Money Market Fund (AIMF) | | | | | |
| <input type="checkbox"/> Atlas Sovereign Fund (ASF) | | | | | |
| <u>Allocation Plans</u> | | | | | |
| <input type="checkbox"/> Atlas Aggressive Allocation Islamic Plan (AAAIP) | | | | | |
| <input type="checkbox"/> Atlas Moderate Allocation Islamic Plan (AMAIP) | | | | | |
| <input type="checkbox"/> Atlas Conservative Allocation Islamic Plan (ACAIP) | | | | | |

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: _____