

**1. ACCOUNT DETAILS:**

Name of Applicant: \_\_\_\_\_ Folio No. \_\_\_\_\_

**2. CHANGE IN ADDRESS & OTHER DETAIL**

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

Tel & Fax No.  Off.  Res:  Fax:

Mobile/Email:  Mobile  E-Mail

**3. CHANGE IN NOMINEE(S)**

ADDITION  DELETION

Name	Relation with holder	Share %	CNIC No.
1			
2			
3			

**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**

Send cheque to registered address

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

Bank Name: \_\_\_\_\_

Branch Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

**3. Reinvestment of Cash Dividend**

YES  NO

**4. Instruction for delivery of Account Statements**

By E-Mail/Web  By Post

**5. Other Instructions**

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

b) Please send me daily prices by  E-Mail  Don't Send

**Frequency-**  Monthly  Quarterly  Annually  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.: _____		Authorized Signatory: _____
Special Instruction Form : <input type="checkbox"/> Change in Address & Other detail <input type="checkbox"/> Change in Nominee(s)	<input type="checkbox"/> Change in Systematic Payout & Systematic Withdrawal Plan <input type="checkbox"/> Change in Account Operating Instructions	