

AKD Investment Management Ltd.



AKD Investment Management Ltd.

Ref # _____

(AKDIML - 06)

INVESTMENT MANDATE FORM

**Information about the Principal Account Holder
(FULL NAME(S) AND ADDRESS IN BLOCK LETTERS)**

Date _____

Name: Mr./ Ms./ Mrs./ M/s.	NIC No.																		
Registration Number (if any)																			

CONVERSION BETWEEN FUNDS

Converting Form _____

No. of Units or equivalent Amount to be converted: Units _____ or Rs _____

Converting Into: _____

Distribution on AKD Income Fund "Flexi Income Units" (Class "D")

(Please tick choice of Distribution)

- 1). Monthly
- 2). Quarterly
- 3). Semi-Annually
- 4). Annually

Note: The Management Company shall on the last Business Day of every month calculate the redemption value to be paid to the Unit Holder and Units to be redeemed thereof based on the redemption price announced by the Management Company on that Business Day. For monthly, quarterly, semi-annual and annual payments to Unit Holders the Management Company shall follow the calendar months from January to December.

The amount of redemption value so derived shall be transferred to the designated bank accounts by way of transfer of funds to the designated bankers or sent to the registered address of the Principal Holder as specified in the Investor Account Opening Form within Six working days of such redemption. Provided that the Unit Holder of Flexible Income Units shall only be disbursed profits (if any) earned against the total investment amount otherwise there would be no payment for the said interval.

DECLARATION & AUTHORIZATION

I / We hereby acknowledge of having read and understood the relevant Trust Deed, Offering Document and the guidelines that govern this transaction and further acknowledge understanding of the risks involved.

Name _____

Signature _____

Note: In case of Institutional Investor please affix Company stamp.

TO BE FILLED BY THE APPLICANT'S BANKER IN CASE THE APPLICANT IS UNABLE TO SIGN THE FORM

I, _____ Manager of _____ (the "Bank") certify that to the best of my knowledge and belief, the declaration of or on behalf of the applicant given in this Form is correct.

Manager's signature & Bank stamp

Note: The contents of this Form and the Guidelines attached hereto, were read over and explained to the Applicant(s) in Urdu/ native language and he/ she/ they appear to have fully understood the same.

FOR OFFICIAL USE ONLY

FACILITATOR INFORMATION

Facilitator Code	Remarks / Instructions	Signature
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FOR DISTRIBUTOR / SALES REPRESENTATIVE

Distributor Code	Transaction Date	Data and Attachments Verified	Authorized Signature & Stamp
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Remarks

FOR REGISTRAR USE

Investment Form Received on	Data Input Date	Data and Attachments Verified	Authorized Signature & Stamp
		<input type="checkbox"/> Yes <input type="checkbox"/> No	