

Date:

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About You

Name: _____ Account No:

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About the Request

Name of Fund: _____

Number of Units to be Converted: _____

Title of CDC Participant Account: _____ Participant Account No:

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House/Sub-Account Name: _____ House/Sub-Account No:

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Declaration and Confirmation

I/We declare that I am/we are not minor(s). I/We will not claim repatriation of dividends and redemption proceeds of the Unit(s) except as permissible under the rules of the State Bank of Pakistan, Ministry of Finance, or The Government of Pakistan. I/We have read the Offering Document(s) of the respective Crosby Fund(s). I/We apply for the Units of the Scheme(s) and I/We hereby agree to abide by the terms, conditions, rules and regulations of the Scheme. I/We confirm to have understood the terms and conditions, investment objectives, strategies, fundamental objectives, and risk factors applicable to the respective Crosby Fund(s).

	Name	Signature
Principal Account Holder/ Authorized Signatory		
Second Joint Account Holder/ Authorized Signatory		
Third Joint Account Holder/ Authorized Signatory		
Fourth Joint Account Holder/ Authorized Signatory		

For Official Use Only

Request Received On: _____ Checked By: _____

Element ID: 00016 Element Name: Crosby Asset Management (Pakistan) Limited

Registrar ID: 00551 Registrar Name: Crosby Asset Management (Pakistan) Limited

TA Confirmation: _____ Transaction ID: _____

Reach Us

If you require any further information, please feel free to contact us at the following:

Telephone: (021) 111-369-111

Fax: (021) 5611886

E-mail: pakistan.info@crosby.com

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