Transfer Form

Asset Manager: IDLC Asset Management Limited (IDLC AML)
(Please read the "Terms and Conditions" carefully)

IDLC Asset Management Limited
financing happiness

To,
Managing Director
IDLC Asset Management Limited
Symphony (4th Floor)
Plot No. SE (F) 09, Road No. 142
Gulshan Avenue, Dhaka-1212

For Office Use Only
Registration No.: _____ Sale No.: _____
Selling Agent's Signature & ID: _____
Conversion Agent's Signature & ID: _____
Authorized Person's Signature: _____

Investment Information

Fund Name: ☐ IDLC Balanced Fund ☐ IDLC Growth Fund ☐ IDLC Asset Management Shariah Fund ☐ IDLC Income Fund

Transferor ☐ Mr. ☐ Mrs. ☐ Ms.

I/ We _____ addresss (if changed) _____ _____ hereinafter referred to as transferor am/are the holder(s) of _____ Units of Fund. I/We would like to transfer _____ Units (in words _____ Units) to the following person/institution, hereinafter referred to as transferee.

Transferee-Principal Applicantt ☐ Mr. ☐ Mrs. ☐ Ms.

Name:
Father: Mother:
Contact No.: Mandatory Email:
Occupation: Designation: Organization:
Present Address:
Permanent Address:
National ID / Passport No.: E-TIN: Date of Birth: DD / MM /YYYY Gender: ☐ Male ☐ Female

Transferee-Joint Applicant (If Any) ☐ Mr. ☐ Mrs. ☐ Ms.

Name:
Father: Mother:
Contact No.: Mandatory Email:
Occupation: Designation: Organization:
Present Address:
Permanent Address:
National ID / Passport No.: E-TIN: Date of Birth: DD / MM /YYYY Gender: ☐ Male ☐ Female

Other Information

Bank: Branch: A/C No.:
BO A/C No.:
Dividend Option: ☐ Cash ☐ CIP (in the form of units) Mode of Operation: ☐ Single ☐ Joint

ACKNOWLEDGEMENT SLIP

Fund Name: ☐ IDLC Balanced Fund ☐ IDLC Growth Fund ☐ IDLC Asset Management Shariah Fund ☐ IDLC Income Fund

Certified that this selling agent/bank has received a request for Transferring _____ Units of IDLC Fund form _____ to _____

Dividend Option: ☐ Cash ☐ CIP (in the form of units) Mode of Communication: ☐ Mobile ☐ Email

Selling Agent's Signature & ID: _____
Conversion Agent's Signature & ID _____
Transfer No.: _____
Authorized Person's Signature: _____
Name: _____
Designation: _____

Nominee 1. (If Any): ☐ Mr. ☐ Mrs. ☐ Ms.

Name:

Address:

Contact No.: National ID / Passport / Birth Certificate No.:

E-mail: Relationship with the A/C holder: Mandatory Percentage of holding Units:

Nominee 2. (If Any): ☐ Mr. ☐ Mrs. ☐ Ms.

Name:

Address:

Contact No.: National ID / Passport / Birth Certificate No.:

E-mail: Relationship with the A/C holder: Mandatory Percentage of holding Units:

Guardian (If nominee is a minor): ☐ Mr. ☐ Mrs. ☐ Ms.

Name:

Address:

Contact No.: Mandatory NID / Passport / Birth Certificate No.: Relationship with the Nominee: Mandatory

Documents Enclosed:

☐ NID / Passport / Birth Certificate (Applicant, Nominee & Guardian)

☐ Passport Size Color Photograph (Applicant, Nominee & Guardian)

☐ E-TIN Certificate (Applicant)

☐ Photocopy of a Blank Cheque Leaf / Bank Statement

Photograph:

Transferor	Transferee	Transferee Joint Applicant	Nominee of the Transferee	2nd Nominee of the Transferee	Guardian of the Transferee

I / We confirm that I / we have received the Acknowledgement Slip against my / our investment in **Mutual Fund,** read the "Statement of Understanding" and agree that I / we will abide by the "Terms & Conditions", which may be altered, replaced and modified from time to time by IDLC Asset Management Limited as per regulatory requirements. I / We also understand the Fundamentals of Mutual Fund and the Flowcharts, enclosed with this application form.

Signatures:

Transferor	Transferee	Transferee Joint Applicant	Nominee of the Transferee	2nd Nominee of the Transferee	Guardian of the Transferee
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For IDLC AML Office Use Only:

BO Cheque No./ Cash: Amount: Bank: Date:

Pending Document Details:_____ Customer Service: Signature Date: Operation: Signature

Transfer Form

Documents Enclosed

☐ Complete Form ☐ NID / Passport / Birth Certificate (Applicants) ☐ Bank Statement / Blank Cheque Leaf ☐ Passport Size Color Photograph (Applicants)

☐ E-TIN Certificate (Applicant) ☐ NID / Passport / Birth Certificate (Nominee & Guardian) ☐ BO Account Opening Form (if any) ☐ Passport Size Color Photograph (Nominee & Guardian)

Dividend Option: ☐ Cash ☐ CIP (in the form of units)

Mode of Operation: ☐ Single ☐ Joint

IDLC Asset Management Limited

Symphony (4th Floor)
Plot No. SE (F) 09, Road No. 142
Gulshan Avenue, Dhaka-1212

Contact Center: 16409, Fax: 02-9896142,
E-mail: idlcaml@idlc.com
Website: aml.idlc.com, Digital Platform: aml.idlc.com/login

Know Your Customer (KYC)

For Individual Investor

(For IDLC AML Use Only)

IDLC Asset Management Limited
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Account No.:

Account Name:

Identity Verification: Which Photo ID is obtained?

☐ NID ☐ Passport ☐ Driving License ☐ Other _____

Address Verification: How address is verified?

☐ Personal Visit ☐ Bank Statement ☐ COUA ☐ Utility Bill ☐ e-TIN certificate/Tax Assessment ☐ CPV

☐ Checking NID Database ☐ Others(specify) _____

Occupation Identification: Which occupational document is obtained?

☐ Private Service ☐ Govt. Service ☐ Employee ID ☐ Visiting Card

☐ Business* ☐ Trade License

☐ NRB ☐ Work Permit

☐ Student ☐ Student ID

☐ Others

☐ Documents

***Is business type from the following category? Then mark it as High.**

☐ Jewelry/Gold/Gems trade ☐ Money Changer ☐ Real Estate Agents

☐ Art/Antique Dealer ☐ Arms Business ☐ Offshore Corporation

☐ Import/Export agents ☐ Casino/Bar/Night Club/Residential Hotel Owner

☐ Share/Stock broker ☐ Manpower Export Business

Source of Fund Mention the source of fund

☐ Salary & Bonus ☐ Business Income ☐ Family Member's Income

☐ Remittance ☐ Rental Income ☐ Sale of Property(attach supporting documents)

Whether the deposit matches with client's profile? ☐ Yes ☐ No

If No, what is the additional source of fund? | If No, what is the additional source of fund? | How source of fund was verified?

Politically Exposed Persons (PEPs): ☐ Yes ☐ No

If yes, approval from Senior Management: Signature

Risk Grading ☐ High ☐ Low

Comment when Risk Grading is High

Selling Agent:

Signature: _____

Name: _____

ID No.: _____

Date: _____

Conversion Agent:

Signature: _____

Name: _____

ID No.: _____

Date: _____

Verifier: To Be Filled By IDLC AML Office Only

Signature: _____

Name: _____

Designation: _____

ID No.: _____

Date: _____

IDLC
Asset Management Limited
financing happiness

Additional Information
(Non Mandatory Field)

Reason for Investing In SIP
(You may choose multiple option if relevant)

- ☐ Forced Saving / Investment Habit
- ☐ Any Time Liquidity
- ☐ Digital/Ease of Service
- ☐ Life Insurance
- ☐ Return Potential
- ☐ Others _____
- ☐ Tax Management
- ☐ Diversification of Asset

Organization: _____ **Designation:** _____

Industry: _____ ☐ Service ☐ Business

Education Stream ☐ Doctor ☐ Engineer ☐ BBA ☐ MBA ☐ Other _____

Client's Monthly Income

- ☐ Below 50,000 TK
- ☐ 1,00,001TK-1,50,000 TK
- ☐ 2,00,001TK-2,50,000 TK
- ☐ 3,00,001 TK and above
- ☐ 50,001TK - 1,00,000 TK
- ☐ 1,50,001TK-2,00,000 TK
- ☐ 2,50,001TK-3,00,000 TK

Spouse-Working? ☐ Yes ☐ No