

**Principal Account Holder's Information**

 Form Number: 

 Name  Mr. / Mrs. / Ms. / M/s  Investor Account Number 

 CNIC / NICOP / Passport No. 
**Redemption Details**

Name of Fund	Type of Units	Unit Class	Amount in PKR or Units
<input type="checkbox"/> Lakson Income Fund	<input type="checkbox"/> Growth <input type="checkbox"/> Flexible Income Units <input type="checkbox"/> Fixed Income Units	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Lakson Money Market Fund	<input type="checkbox"/> Growth <input type="checkbox"/> Flexible Income Units <input type="checkbox"/> Fixed Income Units	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Lakson Equity Fund	<input type="checkbox"/> Growth	<input type="text"/>	<input type="text"/>

**Certificate(s) Issued:**  No  Yes (Certificate No(s) )

Please note that redemption cannot be made unless original certificate(s) are surrendered.

**Payment Instructions**

- Please send Redemption payment to Registered Address (Please note, that Redemption Payment will be sent to the address mentioned in the Account Opening Form)
- Please transfer to Bank Account (Please note, that transfer will be processed as per Bank details mentioned in the Account Opening Form)

If I / We (Principal Account Holder / Joint Holders) are not present to receive the Redemption payment, I / We authorize the below mentioned person to receive the Redemption Instrument on my / our behalf:

 Name  Mr. / Mrs. / Ms. 

 CNIC / NICOP / Passport No. 
**Declaration**

I/We hereby acknowledge having read in full and understood the relevant Trust Deeds, Offering Documents and Supplementary Offering Documents if any that govern this transaction and further acknowledge having understood in full the risks involved.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Signature	Signature	Signature	Signature	Rubber Stamp (Institutional Client only)

**For Official Use Only**
**Distributor / Sub-Distributor / Facilitator**

 Code  Form No.  Date  Time  AM  PM 

Form Received dd/mm/yy hh/mm Authorised Person's Name Signature and Stamp

 Date  Time  AM  PM 

Form Received dd/mm/yy hh/mm Form and Attachment Verified By Data Input By Data Verified By Investor Account No

**Client Receipt**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Form Received	Received By
<input type="text"/>	<input type="text"/>	<input type="text"/>
Time	Signature of Authorized Person	Form Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Stamp of Authorized Branch	Name of Fund	Amount in PKR
<input type="text"/>	<input type="text"/>	<input type="text"/>
Redemption Details	<input type="text"/>	<input type="text"/>

Please read the guidelines below before completing this form

### General Instructions

- ♥ Please fill this form in BLOCK LETTERS.
- ♥ Upon completion and submission of this form you will be provided a receipt, please retain and ensure that it is signed and stamped by the TL (Transaction Location) representative.
- ♥ It is the responsibility of the client(s) to pay any and all stamp duties, taxes, and processing charges (if any) upon submission of this form.
- ♥ For additional details please refer to the Offering Documents or call us at 021.111-LAKSON (111-525-766).

### Detailed Instructions

#### Principal Account Holder Information

- ♥ Please provide either (a) your CNIC / NICOP or (b) your passport number.

#### Redemption Details

- ♥ Please specify your redemption amount (i.e. in terms of Units or Rupees).
- ♥ Please surrender the original Certificate(s) and specify correct Certificate number on the Redemption Form.
- ♥ Please note bank transfer shall only be valid if bank account details have been provided in the 'Account Opening Form' submitted at the time of initial investment.
- ♥ All bank transfers are subject to bank transfer arrangements of Lakson Investments Limited.

#### Payment Instructions

- ♥ No monetary proceeds shall be paid to any intermediary except the Unit Holder / Joint Holders or his / their authorized representative.
- ♥ Please specify correct CNIC / NICOP / Passport number and name of the person authorized to receive the Redemption proceeds.
- ♥ Redemption request shall be processed within six (6) Business Days after receipt of completed Redemption Form.

#### Declaration

- ♥ Signature of the Principal Account Holder and / or of All Joint Holders is required.
- ♥ In case of Institutional clients, company stamp is required.