Service Requiest / Update Form

Customer ID

								-	

(For Office Use)

UBL FUNDS

For assistance in filling out this form, speak with our Customer Care executive at 0800-00026 or sms HELP to 8258.
You can submit the form to your nearest UBL Fund Managers Investment Center, designated UBL Branches or authorized distributor outlets.
You can also courier the form to: UBL Fund Managers - Operations Office, 4th Floor, STSM Building, Beaumont Road, Civil Lines, Karachi, Pakistan.

Unit Holder Details

Name (Mr/Mrs/Ms) _____

Investment in _____

CNIC | | | | | | - | | | | | | | | - | |

Request change in

Mailing Address / Contact Details ☐ Joint Applicant Details ☐ Account Operation Instructions ☐ Bank Account Details (For UBL Account Holders) ☐

Contact Instructions ☐ Zakat Status ☐ Payment Instructions ☐ Systematic Investment Plan ☐

Mailing Address/Contact Details

Street Address: _____

Mailing Address (If different from above): _____

Tel (Res): _____ Tel (Office): _____ Fax: _____

Email: _____ Mobile No: _____

Contact Instructions

Would you like to receive SMS alerts? Yes ☐ No ☐

All dividend / redemption payments should be mailed to my:

Street Address ☐ Mailing Address ☐ Hold Mail (will collect payment by hand) ☐ Transfer (For UBL Account Holders Only) ☐

I would like to receive the following documents through specified method:

	Account Statement	Fund Managers Report (Monthly)	Financial Statements
Email	☐	☐	☐
Physical Documents	☐	☐	☐

I do not wish to receive any correspondence through mail ☐

Contact Instructions

Name of Joint Applicant: Specimen Signature

1. Mr/Mrs/Ms: _____ CNIC | | | | | | - | | | | | | | | - | | _____

2. Mr/Mrs/Ms: _____ CNIC | | | | | | - | | | | | | | | - | | _____

3. Mr/Mrs/Ms: _____ CNIC | | | | | | - | | | | | | | | - | | _____

Change in Zakat Status

Zakat exempt Yes ☐ No ☐ (If yes please provide Affidavit)

Change in Account Operating Instructions:

First name joint holder only ☐ All joint holders ☐ Either or survivor ☐ Others (Please Specify): _____

Change in Payment Instructions:

Investment / Redemption and payment details:

I would like to receive my profit: Monthly ☐ Quarterly ☐ Semi Annually ☐ Yearly ☐ Automatic Re-investment ☐

Change in mode of redemption / Payment: Cheque ☐ Pay order ☐ Demand Draft ☐ Transfer (For UBL Account Holders Only) ☐

Bank Account No: _____ Bank Name & Branch Code: _____

Bank Address: _____ Bank Tel No: _____

Systematic Investment Plan

Frequency Monthly ☐ Quarterly ☐ Date: _____ Amount: _____

Debit Authority

1. Through Post dated Cheques ☐

   Cheque submission date _____

2. In favor of Fund-(Standing instructions to Bank) ☐
3. In favor of Fund-(Standing instructions to HR) ☐

Instructions:

In option 1, you will have to submit 4 or 12 Post dated Cheques at the time of investment for a year if you tick the frequency as quarterly or monthly respectively

In option 2, you have to give standing instructions to your bank to debit the above mentioned amount from your account in favor of Fund

In option 3, you have to give standing instructions to the Human Resource (HR) Manager of your company to debit the above mentioned amount directly from your salary and credit in favor of Fund.(If arrangement has been made with UBLFM)

Declaration

I / we confirm that I / we are the bonafide unit holders of the fund being managed by UBL Fund Managers Limited as mentioned above in the 'unit holder details' section of the form. I /we further confirm that we authorize UBL Fund Managers Limited to make the above changes to our account details as stated and to complete all the necessary alterations pertaining to the account.

Applicant Signature _____ Joint Applicant Signature _____