

**SERVICE REQUEST / UPDATE FORM**



Customer ID (for office use only):

**UNIT HOLDER DETAILS**

Name (Mr/Mrs/Ms) \_\_\_\_\_

Investment in \_\_\_\_\_

CNIC/NICOP/PASSPORT/Registration/Trade License No. \_\_\_\_\_

**Request change in**

- |                                                                                  |                                                     |                                                         |
|----------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------|
| Residential Address / Mailing Address / Contact Details <input type="checkbox"/> | Joint Applicant Details <input type="checkbox"/>    | Account Operation Instructions <input type="checkbox"/> |
| Bank Account Details (For UBL Account Holders) <input type="checkbox"/>          | Contact Instructions <input type="checkbox"/>       | Zakat Status <input type="checkbox"/>                   |
| Payment Instructions <input type="checkbox"/>                                    | Systematic Investment Plan <input type="checkbox"/> |                                                         |

**MAILING ADDRESS / CONTACT DETAILS**

Residential Address \_\_\_\_\_

Mailing Address (If different from above): \_\_\_\_\_

Tel (Res): \_\_\_\_\_ Tel (Office): \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile No: \_\_\_\_\_

**CONTACT INSTRUCTIONS**

All dividend / redemption payments should be mailed to my:

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

I would like to receive my account statement through the following method.

Account Statement

Email

Physical Documents

I do not wish to receive any correspondence through mail

**CHANGE IN JOINT APPLICANT DETAILS**

Name of Joint Applicant: \_\_\_\_\_ Specimen Signature \_\_\_\_\_

1. Mr/Mrs/Ms: \_\_\_\_\_ CNIC/NICOP/PASSPORT/Registration No. \_\_\_\_\_

2. Mr/Mrs/Ms: \_\_\_\_\_ CNIC/NICOP/PASSPORT/Registration No. \_\_\_\_\_

3. Mr/Mrs/Ms: \_\_\_\_\_ CNIC/NICOP/PASSPORT/Registration No. \_\_\_\_\_

**CHANGE IN ACCOUNT OPERATING INSTRUCTIONS:**

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

**CHANGE IN PAYMENT INSTRUCTIONS:**

Regular Profit / Redemption and payment details:

**Change in mode of Profit Payment:**  Cheque  Pay-order  Demand Draft  Online A/C Transfer/Swift Transfer\*

**Change in frequency of Profit Payment:**

Non Repatriation of Regular Profit  Monthly  Quarterly  Semi Annually  Annually  Automatic Re-investment

Repatriation of Regular Profit  Semi Annually  Annually  Automatic Re-investment

**Change in mode of Redemption Payment:**

Non Repatriation of Redemption Proceeds  Cheque  Pay-order  Demand Draft  Online Transfer

Repatriation of Redemption Proceeds  Demand Draft  Swift Transfer

Note: 1) Online Account Transfer is only available Via UBL Bank.  
 2) \*Repatriable Regular Profit Option is only available through Swift Transfer Via UBL Bank  
 3) Regular Profit Option is currently offered with UBL Savings Income Fund (USIF) and UBL Islamic Savings Fund (UISF) only.

**CHANGE IN ZAKAT STATUS (If applicable)**Zakat exempt Yes  No  (If yes please provide Affidavit)**CHANGE IN BANK ACCOUNT DETAILS (For UBL account holders only)**

Bank Account No: \_\_\_\_\_ Bank Name &amp; Branch Code: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Bank Tel No: \_\_\_\_\_

**SYSTEMATIC INVESTMENT PLAN**Frequency Monthly  Quarterly  Semi Annually  Yearly 

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

- Debit Authority
1. In favor of Fund-(Standing instructions to Bank)
2. In favor of Fund-(Standing instructions to HR)

**Instructions:**

**In option 1**, you have to give standing instructions to your bank to debit the above mentioned amount from your account in favor of Fund

**In option 2**, 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 \_\_\_\_\_