

PENINSULA AMCL BDBL UNIT FUND ONE

Asset Manager: Peninsula Asset Management Company Limited (Peninsula AMCL)

TRANSFER FORM

(Please read Terms and Conditions on reverse carefully)

To,
The Chief Executive Officer
Peninsula Asset Management Company Limited
DK Tower (Level 5), 94 Sonargaon Road, Dhaka 1000

For Office Use only

Transfer No.:

Registration No.:

(PLEASE FILL UP THE FORM IN BLOCK LETTERS)

I / We _____, address (if changed) _____,
hereinafter referred to as transferor, am/are the holder(s) of _____ Units of Peninsula AMCL BDBL Unit Fund One. I/We would like to transfer _____
Units (in words _____ units) to the following person/institution, hereinafter referred to as transferee:

Transferee

Name: Mr./Ms./Mrs. _____ Father/Husband: _____

Mother: _____ Occupation: _____ registration No. (For existing unit holder only): _____

Address _____

Nationality: _____ National ID No./passport No. (if any): _____ Date of Birth: __/__/____ Email: _____

Tel/Mob: _____ Bank: _____ Branch: _____

Bank A/C No.: _____ Dividend Option: Cash CIP

BO A/C No. _____

If Transferee is Institution:

Registration no: (if existing unit holder): _____ No. of units held (if any): _____ Name of Institution: _____ TIN No.: _____

Address: _____

Type of Institution: Local Company Foreign Company Society Trust Other

Tel./Mob No.: _____ Fax No.: _____ Email: _____

Bank: _____ Branch: _____

Bank A/C No.: _____ Dividend Option: Cash CIP

BO A/C No. _____

Details of Person (s), If any: _____

Table with 4 columns: Sl. No., Name, Designation, Signature. Rows 1 and 2.

Mode of Operation: Jointly by _____ Singly by _____

Document Enclosed:

Memorandum and Article of Association

Power of Attorney in Favor of Authorized Person(s)

Certificate of Incorporation

Trust Deed

Extract of Board Resolution

TIN Certificate

Society Registration Certificate

Others

Witness

Applicant's Signature & Seal

1. Signature: _____

Name :

Father's/Husband's Name:

Address :

2. Signature: _____

Name :

Father's/Husband's Name:

Address :

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Checked and Verified by:

Name _____ Signature: _____ Date: __/__/_____

ACKNOWLEDGMENT

Certified that this selling agent/ bank has received a request for transforming _____

Units of Peninsula AMCL BDBL Unit Fund One from _____ to _____

Seal and Date of Issuing office

Transfer No:

Authorized Signature
(Name & Designation)

TERMS & CONDITIONS

1. The Units may be transferred by way of inheritance/gift and/or by specific operation of the law. In case of transfer, the fund will charge a nominal fee as decided by Peninsula Asset Management Company limited from time to time except in the case of transfer by way of inheritance.
2. Transfer of Units is allowed through the Asset Manager.
3. The Units will be transferred on all working days except the last working day of the week and during the book closer period/record date of the Fund.
4. The total number of Units held by a single certificate is required to be transferred at a time.
5. The Confirmation of Unit Allocation(s) of the transferor is/are required to be attached with the Transfer Form.
6. The unit certificate(s), the unit holder(s) intend to transfer is/are required to be attached with the transfer form.
7. After verification of authenticity of the transferor's Confirmation of Unit Allocation of Unit Allocation(s) as well as the information provided in the transfer Form, the Asset Manager will deliver the new Confirmation of Unit Allocation in the name of Transferee within a period of seven working days.
8. The conditions applicable for initial Confirmation of Unit Allocation will apply even after transfer of Units in the name of Transferee.

FOR OFFICE USE ONLY

Date DD / MM / YYYY

Transferee's Registration No.: _____ Transfer No.: _____ Confirmation of Unit Allocation No.: _____

No. of Units _____ Certificate No: _____

Seal & Signature of Issuing Office

I/We, the said transferee, have received the above mentioned Confirmation of Unit Allocation and do hereby agree to accept and take the said Confirmation of Unit Allocation on the same terms and conditions on which they were held by the said transferor.

Applicant's Signature:

DD / MM / YYYY

Signature of transferee