

APPLICATION FORM TO TRANSFER UNITS

Asset Manager: EDGE AMC Limited (EDGE) (Please read "Terms and Conditions" on reverse carefully) (PLEASE FILL UP THE FORM IN BLOCK LETTERS)

To,
The Managing Director & CEO
EDGE AMC Limited
Rupayan Prime (Unit B-10), House # 2, Road # 7

Selling Agent's Signature (with seal)

Selling Agent ID No.

For Office Use only
Selling Agent's Name:
Registration No:
Transfer No:

Authorized Person's Signature (Name & Designation)

Dhanmo	ndi, Dh	naka-1205										Transf	fer No:						
Please	e selec	ct the fun	ıd you v	ant to	transfe	r													
		□ EDGE AMC Growth Fund□ EDGE Al-Amin Shariah Consume											EDGE Bangladesh Mutual Fund EDGE High Quality Income Fund						
Transf	feror																		
													einafter ref						
													fter referred						
summar																			
SI No		Number of			Units to be Transferred												mation o		
		Units Held			o. of Unit	s	Prevailing NAV/ unit					Total Transfer Value				Unit Allo	ocation N	lo.	
Transf	feree-	Principal	Applica	ant		·							Mr			Mrs 🎆		Ms	
Name																			
Father			'							Mother	-				_				
Occupat	tion NID/ Passport							Date of Birth DD / MM,						IM/Y	YYY				
Address	s [
Email							Mobile	e					E	TIN					
Transf	eree	Joint App	licant (if any)	/ Guard	lian (i	f Nomine	is a r	ninor))			Mr			Mrs 🔝		Ms	
Name																			
Father										Mother	-								
Occupat	tion				NI	D/ Pas	ssport						Date	of Birth	D	D / M	M/Y	YYY	
Address	6																		
Email							Mobile	e					E	TIN					
Other	Inform	nation																	
Bank							Bran	ch					Accoun	t No					
BO ID												Sales	Proceed	Chequ	e 🔲	BEFTN/ C	Online Tran	nsfer	
Dividend	d	Cash 🔲 (CIP (in the	form equ	valent am	ount of	units)	Мс	de of (Operation	Joint	t 🔲 s	Single	Inve	stment	Option 9	iIP n	on SIP	
																			℀
		gement																_	
		gladesh Mu					Growth Fun				-	y Income	Fund			Amin Sha			
from		ıns selling	agent/ D	ann nas		ı a req	juesi ioi ira		rg	to .						S OT	uie men	ea F	u110

Transfer No:

Nominee 1	Mr ■	Mrs ■	Ms 🔛 No	ominee 2	Mr 🗖	Mrs I	Ms Ms		
Name	IVII	IVIIS		ime	IVII	IMIS	IVIS E		
NID			NI						
Mobile				obile					
Email			En	nail					
Address			Ad	dress					
Relation	% of	Allocation	Re	lation	9	of Allocation			
Document Enclos	sed								
☐ NID/ Passport (Ap ☐ ETIN Certificate (A			owledgement by of blank cheque lea	 -	rt size Photograph (A	pplicant 2 copies,	Nominee 1 copy)		
Photograph(s)									
Transferee Principal Appli		Transferee Joint Applicant (i		Nomii of Trar			Nominee 2 of Transferee		
2. The Units may be to by EDGE AMC Limited 3. The Units will be to 4. The Confirmation of 5. After verification of Asset Manager or the working days. If there Units in the name of the state of the sta	allowed through EDGE ransferred by way of inlader from time to time excellented on all working of Unit Allocation(s) of the transfer respective authorized are any Units left with the Transferor.	heritance/gift and /or ept in the case of trans g days except the last he transferor is/are re hsferor's Confirmation d selling agent will del the transferor after su	by specific operation ofer by way of inherit working day of the w quired to be attached of Unit Allocation of liver the new Confirm such transfer, the Ass	n of the law. In case ance. veek and during the d with the Transfer Unit Allocation(s) a nation of Unit Alloc et Manager will iss	e book closer perior Form. Is well as the information in the name	d/ record date on the provided in the provided	of the Fund. In the transfer Form, the vithin a period of seve		
	eree, have received the	above mentioned Con	firmation of Unit Allo	cation and do here	hy agree to accent	the said Confirm	nation of Unit Allocation		
	nd condition on which								
√	<u> </u>	√ 		-	#		*		
Transferor	Transferee	Joir	nt Applicant (if an	y)	Nominee 1		Nominee 2 (if any		

Date of Application:/..../