AL Habib Asset Management Limited

A wholly owned subsidiary of Bank AL Habib Limited

PLEDGE FORM

Pledge ID: _____ (for office use)

Date: D D M M Y Y Y Y Account Number: ☐☐☐☐☐

Account Title: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name of Fund: _____ No. of units to be pledged: _____

Name of Pledgee: _____

UNDERTAKING FOR PLEDGER

While making such request, I/ We recognize and understand that:

- Being the registered holder(s) /pledger of the abovementioned units, request you to record pledge /lien against these units in favor of pledgee according to the provisions of the constitutive documents of the respective fund.
- The registration of this pledge/ lien places a responsibility on you to ensure that all benefits accruing on such units (herein after reffered to as Pledge Units) shall be held or paid to the order of the pledgee.
- Save any legal bar or court order requiring otherwise, any dividends that are declared on the pledge unit(s) shall be paid to the order of the pledgee, any bonus Units that the pledge unit(s) are entitled to automatically be marked under the pledge of the pledge holder(s)
- However, you do not accept any responsibility for the validity of my/ our act of pledging of unit(s) nor for any obligation or commitments undertaken by me/ us in respect thereof.
- The pledge/ lien on the pledged Units shall continue till such time it is released by the pledgee/ lien holder(s) in writing.

SIGNATURE OF PLEDGER (Rubber stamp in case of corporate clients)	
Name:	Signature:
Name:	Signature:
Name:	Signature:
Name:	Signature:

PARTICULARS OF PLEDGEE

Type of Pledgee: ☐ Bank ☐ Employer

Bank/Employer Name: _____

Branch Name: _____ City: _____

SIGNATURE OF PLEDGEE (Rubber stamp in case of corporate clients)	
I/We hereby, confirm pledge on above mentioned unit. I/We have read and understand the constitutive documents of abovementioned fund and understand that making of pledge/lien would be made in with the term and conditions as mentioned in these constitutive documents. I/We further confirm that, I/We have read and understand the details of pledger given above.	
Name:	Signature:
Name:	Signature:
Name:	Signature:
Name:	Signature:

(For Office Use Only)

DISTRIBUTOR / SALE AGENT : I have not identified any factor or event which may give rise to suspicion relating to money laundering and/or financing terrorism about the Investor. I will inform the **Management Company** if I identify any such factor or event in future relating to the Investor.

Distributor/Sale Agent : _____ (Name, Signature or / and Stamp) Branch & City : _____ (Name, Signature or / and Stamp)

Data Input : _____ (Name / Signature) Data Verified : _____ (Name / Signature) Remarks : _____

Disclaimer: Use of the name of 'Bank AL Habib Limited' as given above does not mean that it is responsible for the liabilities/obligations of 'AL Habib Asset Management Limited' or any investment schemes managed by it.