



## **BCB ICL GROWTH FUND**

Asset Manager: IMPRESS CAPITAL LIMITED (ICL)

## **TRANSFER FORM**

(Please read the "Terms and Conditions" on reverse carefully)

Managing Director Impress Capital Limited Evergreen Plaza (1st Floor) 260/B, Tejgaon I/A Dhaka -1208, Bangladesh

For Office Use Only
Registration No.
Sale No.
Transfer No
Authorized Person's Signature

## (Please fill up the Form in BLOCK LETTERS)

Transferor				
I/We	address (if changed)			
		hereinafter referred to as transferor,		
am/are the holder(s) of		Units of BCB ICL Growth Fund. I/We would like to		
transfer	Units (in words	units) to		
the following person/institution, herei	nafter referred to as transferee:			
Transferee				
Name: Mr./Mrs./Ms.	Father/Husba	nd:		
Mother:	Occupation:			
Address:				
Nationality:	National ID No./Passport No. (if any):			
Date of Birth: DD MM Email:		Contact No.		
Bank:	Branch:	ETIN No.		
Bank A/C No.	Registration No. (For	existing unit holder only):		
BO A/C No.	Dividend Option:	Cash CIP Investment SIP Non SIP		
If Transferee is Institution:	option.			
Registration No. (if existing unit holder):				
No. of units held (if any):	Name of Institu	tion:		
Address:				
Address.				
E-TIN No.	Type of Institution: Local Foreign Company Company	Society Trust Other		
Contact No.	Fax No.:	Email:		
Bank:	Branch:			
Bank A/C No.	Means of	transfer Inheritance Gift Operation of Law		
BO A/C No.	Dividend Option:	Cash CIP Investment Option: SIP Non SIP		
ACKNOWLEDGEMENT				
Certified that this selling agent/ICL has	received a request for transferring	Units of		
BCB ICL Growth Fund from	to			
Issuing Officer's Seal, Signature & Dat ID No.:	e Transfer No	Authorized Person's Signature (Name & Designation)		





Document Enclosed:			
<ul> <li>Extract of Board Resolution</li> <li>Power of Attorney in Favor of Authorized Perso</li> <li>Society Registration Certificate</li> </ul>			Certificate of Incorporation
Witness			
<ol> <li>Signature:         Name:         Father's / Husband's Name:         Address:     </li> </ol>	2.	Signature: Name: Father's / Husband's Name: Address:	
Signature of Transferor			Signature of Transferee
Details of the Person (if Any)			
SI. Name	Designation	Signature	Contact No.
1.			
2.			
2.			
Mode of Operation: Jointly by		Single By	
Signature(s) and Photograph:			
Principal Applicant	Joint Applicant		Nominee's Photograph  Attested by Principal  Applicant
For Office Use Only			
Date//			
Checked and Verified by Name:			
Signature:			
-			
TERMS & CONDITIONS  The Units may be transferred by way of inheritance/gift and/or by sp time except in the case of transfer by way of inheritance.  Transfer of Units is allowed through the Selling Agents and the Asse Units can be transferred on all working days except the last working The Confirmation of Unit Allocation(s) of the transferor is/are require After verification of authenticity of the transferor's Confirmation of Allocation in the name of Transferee within a period of five working The conditions applicable for initial Confirmation of Unit Allocation  FOR OFFICE USE ONLY	et Manager only. I day of the week and during the book close ed to be attached with the Transfer Form. Unit Allocation(s) as well as the information days.	r period/record date of the Fund. provided in the transfer Form, the Asset Manag	
			Date://
Transferee's Registration No.:		Transfer No.:	
Confirmation of Unit Allocation No.:	No. of Units	Certificate	No.:
Seal and Signature of Issuing Office			
I/We, the said transferee, have received the above ment of Unit Allocation on the same terms and conditions on			ot and take the said Confirmation
			Signature of Transferee Date:///