

GREEN DELTA DRAGON ENHANCED BLUE CHIP GROWTH FUND

APPLICATION FORM TO TRANSFER UNITS

To
Managing Director
Green Delta Dragon Asset Management Company Limited
Green Delta AIMS Tower, 3rd Floor
51-52,Mohakhali C/A, Dhaka-1212

For Official Use Only

Registration No.:
Sale No.:
Selling Agent Name:
Selling Agent ID:

(Investors are advised to read 'Terms and Conditions' carefully)
Please fill up this form in BLOCK LETTERS

I/we.....address.....,
hereinafter referred to as Transferor, am/are the unit holder(s) of units of Green Delta
Dragon Enhanced Blue Chip Growth Fund. I/we would like to transfer units (in words
..... units) to the following person/institution, hereinafter referred to as Transferee:

Transferee (For Individual)

Name:
Father Name: Mother Name: Spouse Name:
NID/Passport No: Date of Birth: Occupation:
Address: Nationality:
Phone No: Email: E-TIN No:

Bank Name: Bank Account Name:
Account Number: Routing Number: Branch: BO A/C No:.....
Registration No. (If any): No. of Units Held (If any):
Residency: Resident ☐ Non Resident ☐ Investment Option: SIP ☐ Non-SIP ☐ Dividend Option: Cash ☐ CIP ☐

DOCUMENTS ENCLOSED

☐ Confirmation of Unit Allocation(s)
IF INDIVIDUAL:
☐ National ID/Birth Certificate/Passport (Transferee) ☐ E-TIN Certificate (Transferee) ☐ BO Acknowledgement
☐ Passport Size Color Photograph (Applicants: 2 copies, Nominee: 1 copy) ☐ Photocopy of Blank Undated Cheque Leaf/ Bank Statement
IF INSTITUTION:
☐ Memorandum and Article of Association ☐ Certificate of Incorporation ☐ Extract of Board Resolution
☐ Power of Attorney in Favor of Authorized Person(s) ☐ Trade License/Trust Deed ☐ E-TIN Certificate (Transferee)
☐ Photocopy of Blank Undated Cheque Leaf/Bank Statemen

MEANS OF TRANSFER

☐ Inheritance ☐ Gift ☐ Operation of Law ☐ Others:

Witness

Signature
Name:
1. Father/Husband Name:
Address:
Signature
Name:
2. Father/Husband Name:
Address:

Acknowledgement Receipt

Certified that this selling agent/ Green Delta Dragon Asset Management Company Ltd. has received a request for
transferring Units of Green Delta Dragon Enhanced Blue Chip Growth
Fund from to

Transfer No.: Date:

GREEN DELTA DRAGON ENHANCED BLUE CHIP GROWTH FUND

Transferee (* If Institution)

Name of Institution:

Type of Institution: Local Company Foreign Company Society Trust Other:

Registration No.:E-TIN No.:

Registered Address:

Name of CEO/MD:

Contact Person:

Phone No. (1):Phone No. (2):

Email Address:Fax No.:

Bank Name: Bank Account Name:

Account Number: Routing Number: Branch: BO A/C No.:

Registration No. (If any): No. of Units Held (If any):

Investment Option: SIP Non-SIP Dividend Option: Cash Cumulative Investment Plan

Details of Authorized Person(s), if any:

Sl.	Name	Designation	Signature	Contact No.
1st				
2nd				

Mode of Operation: Single by Jointly by

Photograph

Principal Applicant's
Photograph (Individual
Transferee) / MD or
CEO (Institution
Transferee)

1st Authorized Person
(If Institution)

2nd Authorized Person
(If Institution)

OFFICIAL USE ONLY

Transferee's Registration No.:

Transfer No.:

Confirmation of Unit Allocation No.:

No. of Units:

Certificate No.:

Issuing Officer Sign, Seal & Stamp

Applicants Signature with Date

Transferor

Transferee

S.L.	Confirmation of Unit Allocation	Number of Unit Transferred	Certificate No.
1			
2			

I/we confirm that, I/we have received the Confirmation of Unit Allocation mentioned above and 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.

Date:

Signature of Transferee