

Please Note the Section below is mandatory information for investment in

KASB BALANCED FUND

Name: _____ **Registration No.:** _____

CNIC No.: _____

Name of Fund	KASB Balanced Fund	
Type of Units		
<input type="checkbox"/> Growth	<input type="checkbox"/> Fixed Payout	<input type="checkbox"/> Profit Payout
In case of Fixed Payout, please specify Amount Rs. _____		
Frequency of Payout		
<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually

(Please note that in case of fixed payout units, if the payout exceeds the income earned on the fund, the principal invested may deplete over the period For further details refer to clause 4.3 of the Offering Document of the Fund)

I authorize KASB Funds Limited to redeem my units to pay my income at regular intervals based on the above instructions

Signature of Principal Account Holder

Name of Joint Account Holder

Signature of Joint Account Holder

Name of Joint Account Holder

Signature of Joint Account Holder

Name of Joint Account Holder

Signature of Joint Account Holder