

Fund Select

Date	
Relationship Number	

TO WHOM IT MAY CONCERN

This is to certify that I, _____ S/D/W of _____ bearing CNIC number ____ - ____ - ____ authorize Fund Select, a Mutual Fund advisory service of IGI Investment Bank, to collect my mutual fund investment(s) information from your institution from time to time.

This authority would facilitate Fund Select (IGI Investment Bank) to provide consolidated statement to me on a regular basis detailing my investments.

Signature	
Name of Authorized Signatory	
CNIC Number	

I would prefer to receive my monthly statements through the following mode(s):

- Physical
- Email