

CORAL INCOME FUND REDEMPTION FORM

**PERSONAL DETAILS OF REDEEMING UNIT HOLDER (S)
INDIVIDUAL**

Date / /

Full Name (as written in the Unit Certificate)

Surname other names

Address (as written in the Unit Certificate)

Daytime Telephone Number

Email

JOINT UNITHOLDER (IF APPLICABLE)

Full Name (as written in the Unit Certificate)

Surname other names

Address (as written in the Unit Certificate)

Daytime Telephone Number

Email

Value / Number of Units to be redeemed (in figures)

Value/ Number of Units to be redeemed (in words)

Account details for transfer of proceeds of Redemption **(Funds will not be transferred to third parties)**

Bank Name

Account Name

Account Number

Signature of Redeeming Unit holder	Signature of Redeeming Joint Unit holder

Kindly effect the redemption of the above stated number of units held in my name (s) at the Bid Price prevailing on the Date of Redemption. Please find attached the relevant Unit Certificate evidencing my unit holding

FOR FUND MANAGER'S USE ONLY	FOR REGISTRAR'S USE ONLY
Total Number of Redeemed Units	
Applicable Bid Price	X _____
Gross Value of Redeemed Units	N _____
LESS:	
Charges (if applicable)	N _____
Plus VAT	+ _____
Total	N _____
Net Amount Payable	N _____
Cheque/Payment Details	

DETAILS OF ATTACHED UNIT CERTIFICATE:

Certificate No(s) _____

Total No of Units _____

Current Redemption _____

Previous Redemption _____

Balance _____

Processed by: _____

Note:

- 2% of the redemption value will be charged for redemptions made within three months of initial purchase
- The date of Redemption is deemed to be the date at which the Redemption Form and all other required documents have been certified ok for processing by the Registrars to the Fund