

WITHDRAWAL FORM

NB: The redemption details provided must match the information of the Amaka account holder. Any discrepancies may result in delays or the withdrawal request being declined.

INVESTOR DETAILS

Client Full Name:

Account Number: Email Address:

Contact Number: ID Number:

REDEMPTION INSTRUCTIONS

Fund Name	Full Redemption	Partial Redemption	Amount
Amaka HOSP Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Amaka QI Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

(I) BANK INFORMATION

Acc. Name: Branch Name:

Acc. Number: Bank Code:

(II) MOBILE MONEY INFORMATION

Network: Mobile No:

Acc. Name: NB: Your mobile money information must appear as it is registered with your network provider.

REASON FOR REDEMPTION

Emergency/Need Cash: Business Venture:

Purchase Asset: Other Unit Trust Provider:

Offshore Investment: Service/Return: Other:

NB: Payments will normally be made within 3-4 business days of the redemption instruction being received. A clearance period of 7 days will be required where the investments have been made by Cheque before a redemption can be authorized.

AUTHORISED SIGNATORIES

Name: Signature: Date:

Name: Signature: Date:

I/We warrant that I/we have full authority and are legally competent to enter into and conclude this transaction with the necessary assistance where such assistance is legally required. I/We accept the provisions of the relevant Trust Deed.

OFFICE USE ONLY

Checked By:

Signature: Date:

Approved By:

Signature: Date: