

CORAL INCOME FUND REDEMPTION FORM

DETAILS OF REDEEMING UNIT HOLDER

Date / /

Company's Name (as written in the Unit Certificate) _____

Address (as written in the Unit Certificate) _____

Daytime Telephone Number _____

Fax _____

Email _____

Incorporation Number _____

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 _____

Authorised Signatory	Authorised Signatory	
Designation:	Designation:	Corporate Seal

Kindly effect the redemption of the above stated number of units held in our 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