PACAM EUROBOND FUND REDEMPTION FORM

				Date
FULL NAME (as printed on Fund Statement)				
CLIENT ID		TELEPHO	ELEPHONE NUMBER	
EMAIL:				
REDEMPTION DETAILS (TO BE COMPLETED BY ALL CLIENTS)				
Value/Number of Units to be red				
Value/Number of Units to be redeemed (in words)				
PAYMENT DETAILS				
BANK:			BRANCH	
SORT CODE		A/C	A/C No.	
ACCOUNT NAME:				
Kindly effect the redemption of the above stated number of units held in my/our name(s) at the bid price prevailing on the date of redemption. Please find attached the relevant unit Certificate evidencing my/our unit holding.				
				Affix Company Seal
Signature of Redeeming Unit Holder Signature of Joint Redeeming			g Unit Holder	
FOR FUND MANAGER'S USE ONLY			FOR REGIST	RAR'S USE ONLY
Total Number of Redeemed Units Applicable Bid Price: Gross Value of Redeemed Units Less: Charges (if applicable): Net Amount Payable: DETAILS OF ATTACHED UNIT	IT CERTIFICATE			
Certificate NosPrevious Redemption				
Total Number of UnitsBalance				
Current Redemption				
Processed by:				

Note:

- For redemptions within 90 days, 10% of the positive total returns of the units being redeemed will be charged on the date of redemption.
- Upon redemption, payment will only be made in the name of the unit holder(s)
- In the case of partial redemption, the balance Fund Statement will be sent to the email address provided by the client and copied to the fund manager.