

Unit Trust Redemption Form

How to Re-Invest

Please complete all relevant sections of this form, and send the required documents to Acimancoadmin@africaci.com or at fax number **+27 21 700 7333**.

1. Cut off times for receiving instructions are 13:00 (SA).

Details

Client Number

Investor

Name / Entity Name / Co. Registered Name _____

ID/ Registered Number _____

Telephone (H) _____ Telephone (W) _____

Cell _____ Fax _____

Email Address _____

Acting on behalf of Investor *

* **This is for Guardians / persons with Powers of Attorney**

Title _____ Surname _____

First Name(s) _____ Male _____ Female _____

Date of Birth _____ Nationality _____

Identity Number or Passport (if no RSA ID) _____

Postal Address _____ Post Code _____

Telephone (H) _____ Telephone (W) _____

Cell _____ Fax _____

Email Address _____

Capacity _____

Banking Details of Investor

Name of Account Holder _____

Name of the Bank _____

Branch Name _____ Branch Code _____

Account Number _____ Account Type _____

Signature of Account Holder _____

- If bank details have changed since the initial application a cancelled cheque or bank statement must be attached as proof of banking details.
- The account holder must have a South African bank account.
- No payments will be made into third party bank accounts or credit cards. (i.e. payments will only be made to the bank account in the name of the registered investor).
- No payments will be made by cheque.

Special Instructions

Unit Trust Funds

Please select the appropriate fund/s that you would like to redeem units or a percentage of units or a rand value from.

From Unit Trust Fund	Number of Units	Rand Value of Units	% of Units	Cancel Debit Order	
				Yes	No

Terms and Conditions

General

1. Please note that this application must be received by ACI by or before 13:00 (SA).
2. Please note in the case of redemptions, settlement may take up to 48 hours. Funds invested via electronic collection or debit order may not be redeemed until after 40 days from the date on which such funds were invested into units on your behalf.
3. Investors wishing to redeem units amounting to more than 5% of the total market value of the relevant unit trust fund portfolio must provide ACI with at least 7 business days' written notice of such redemption. If this notice is not received by ACI, the company may treat such withdrawal as only having taken place on the 7th business date after such instruction is received. However, where the amount to be redeemed exceeds 10% of the total market value of the portfolio, the parties shall determine the actual date of withdrawal through mutual agreement between them.
4. The net asset value price is calculated using the forward pricing methodology. The net asset value can be defined as the total market value of all assets in the unit portfolio including any income accruals and less any permissible deductions from the portfolio, divided by the number of units in issue.

Instructions

5. Only signed written instructions (faxed copies included) from the unit holder or the FSP will be acted upon.
6. ACI will not proceed with any transaction if there is any doubt as to the validity of any signatures/information or if it deems the instruction to be incomplete in any way and the company cannot be held liable for any resultant losses as a result thereof.

Authorisation and Declaration

7. I hereby give notice in terms of the trust deed of my application to sell the relevant units and in consideration of the purchase price to be paid to me for the said units, hereby cede, assign and transfer all my rights, title and interest in and to be said units to you and acknowledge that I have no further interest therein.
8. I warrant that the information contained herein is true and correct and that where this application is signed in a representative capacity, I have the necessary authority to do so and that this transaction is within my power.
9. I know that there are no guarantees on my investment capital.
10. I authorise ACI to accept and act upon instructions by facsimile or e-mail and hereby waive any claim that I have against ACI and indemnify ACI against any loss incurred as a result of ACI receiving and acting on such communication or instruction.

Signed at _____ Date _____

1. Full Name of Signatory _____ Capacity _____

Signature of Investor/Legal Guardian _____

2. Full Name of Signatory _____ Capacity _____

Signature of Investor _____

* If signing on behalf of the investor please provide proof of authority and supporting verifying documentation.



Contact

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