



UNIT TRUST REDEMPTION FORM

How To Redeem

- 1. Please complete all relevant sections of this form and send the required documents to Prescient Management Company (RF) (Pty) Ltd ("the Manager") at fax number +27 21 700 5331 or e-mail to pmancoadmin@prescient.co.za.
- 2. Cut off times for receiving transactions are 13:00 (SA).

DETAILS		
Client Number		
INVESTOR		
Name / Entity Nam	ne / Co. Registered Name	
ID / Registered Nu	ımber	
Telephone (H)		Telephone (W)
Cell		Fax
E-mail Address		
A CERNIC ON L	Behalf Of Investo	. *
	BEHALF OF INVESTO. dians / persons with Powers	
		i Attorney
Title	Surname	
First Name(s)		Male Female
Date of Birth		Nationality
ID or Passport Nu	umber (if Foreign National)	
Street Address		Postal Address
c/o		Same as Street Address Yes No
Unit		c/o
Complex		Line 1
Street Number		Line 2
Street		Line 3
Suburb		Line 4
City		Postal Code
Postal Code		Country

Page 1 of 4 2019/03 Unit trust redemption form





Country			
Telephone (H)		Fax	
Telephone (W)		Cell	
E-mail Address			
Capacity			
BANKING DETAILS OF IN	VESTOR		
Name of Account Holder			
Name of Bank			
Branch Name			
Branch Code			
Account Number			
Account Type			
Signature of Account Holder			
statement that is no older that cheque may be provided. The account holder must have	an 3 months and that clearly displays a South African bank account. to third party bank accounts or credit of	the investor's na	ak account details. Proof of bank account details is a bank ame and bank account number. Alternatively, a cancelled ents will only be made to the bank account in the name of
SPECIAL INSTRUCTIONS			
I Is were Travelers From the s			
Unit Trust Funds			

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

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

Page **2** of **4** 2019/03 **Unit trust redemption form**





TERMS AND CONDITIONS

GENERAL

- 1. Please note that this application must be received by the Manager 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 the Manager with at least 7 business days' written notice of such redemption. If this notice is not received by the Manager, 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

INSTRUCTIONS

- 1. Only signed written instructions (faxed copies included) from the unit holder or the FSP will be acted upon.
- 2. The Manager 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

- 1. 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 the said units to you and acknowledge that I have
- 2. 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.
- 3. I know that there are no guarantees on my investment capital.
- 4. I authorise the Manager to accept and act upon instructions by facsimile or e-mail and hereby waive any claim that I have against the Manager and indemnify the Manager against any loss incurred as a result of the Manager receiving and acting on such communication or instruction.

Signe	ed at	Date
1. Fu	ull name of Signatory	Capacity
Si	gnature of Investor / Legal Guardian	
2. Fu	ull name of Signatory	Capacity
Si	gnature of Investor	

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





CONTACT PRESCIENT MANAGEMENT COMPANY (RF) (PTY) LTD

Physical Address	Prescient House, Westlake Business Park, Otto Close, Westlake, 7945
Postal Address	P.O. Box 31142 Tokai 7966
Telephone	+27 21 700 3600
Fax	+27 21 700 5331
E-mail	pmancoadmin@prescient.co.za
Website	www.prescient.co.za

METOPE INVESTMENT MANAGERS (PTY) LTD	
Physical Address	Moorings 4, Portswood Ridge, Portswood Road, V&A Waterfront, 8001
Postal Address	PO Box 51316, Waterfront, 8002
Telephone	021 418 3760
Fax	021 418 3530
E-mail	info@metopegroup.com
Website	www.metopegroup.com