

UNIT TRUST REDEMPTION FORM

HOW TO REINVEST

1. Please complete all relevant sections of this form, and send the required documents to **Cohesive Capital** at fax number **0864431160** or emailed to sandra@cohesivecapital.co.za.
2. Cut off times for receiving transactions 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

ID or Passport Number (if Foreign National)

Street Address

c/o

Unit

Complex

Street Number

Street

Suburb

City

Postal Address

Same as Street Address Yes No

c/o

Line 1

Line 2

Line 3

Line 4

Postal Code

Postal Code	<input type="text"/>	Country	<input type="text"/>
Country	<input type="text"/>		
Telephone (H)	<input type="text"/>	Fax	<input type="text"/>
Telephone (W)	<input type="text"/>	Cell	<input type="text"/>
Email Address	<input type="text"/>		
Capacity	<input type="text"/>		

BANKING DETAILS OF INVESTOR

Name of Account Holder	<input type="text"/>
Name of Bank	<input type="text"/>
Branch Name	<input type="text"/>
Branch Code	<input type="text"/>
Account Number	<input type="text"/>
Account Type	<input type="text"/>

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

<input type="text"/>
<input type="text"/>
<input type="text"/>

UNIT TRUST FUNDS

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

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

TERMS AND CONDITIONS

GENERAL

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

1. Only signed written instructions (faxed copies included) from the unit holder or the FSP will be acted upon.
2. Prescient 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 no further interest therein.
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 Prescient to accept and act upon instructions by facsimile or e-mail and hereby waive any claim that I have against Prescient and indemnify Prescient against any loss incurred as a result of Prescient 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 PRESCIENT MANAGEMENT COMPANY (RF) LTD

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Email	pmancoadmin@prescient.co.za
Website	www.prescient.co.za

Cohesive Capital (Pty) Ltd	
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