

# SBM GROWTH FUND REPAYMENT REQUEST FORM

Please complete all sections in BLOCK CAPITALS and tick where necessary.

Date .....

## SECTION 1 - REDEMPTION INSTRUCTIONS

I/We wish to sell  Units of SBM GROWTH FUND

I/We understand that Units will be repurchased at the ruling Repayment Price at the time the Repayment Request and the Certificate (if any) are received at the Office of the Manager (SBM Mauritius Asset Managers Ltd) and are accepted by it.

- The Unit Certificate must be submitted together with the Repayment Request for processing. The only exceptions are in case the applicant has invested through the Monthly Savings Plan or in case the certificate is already in the hands of the Manager.
- Within 10 business days of the Dealing Date, payment will be effected to the Unit-holder.
- In case of joint application, cheques will be sent only to the person whose name stands first in the Register.

## SECTION 2 - APPLICANT DETAILS

### A. INDIVIDUAL APPLICANT

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Minor <input type="checkbox"/>
Surname	<input style="width: 100%;" type="text"/>			
Forenames	<input style="width: 100%;" type="text"/>			
NIC No.	<input style="width: 100%;" type="text"/>			
Contact No.	<input style="width: 100%;" type="text"/>			
Email Address	<input style="width: 100%;" type="text"/>			
Nationality	<input style="width: 100%;" type="text"/>			
Signature (Self/Proxy Guardian)*	<input style="width: 100%; height: 40px;" type="text"/>			
Date	<input style="width: 100%;" type="text"/>			

### B. JOINT APPLICANT

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Minor <input type="checkbox"/>
Surname	<input style="width: 100%;" type="text"/>			
Forenames	<input style="width: 100%;" type="text"/>			
NIC No.	<input style="width: 100%;" type="text"/>			
Contact No.	<input style="width: 100%;" type="text"/>			
Email Address	<input style="width: 100%;" type="text"/>			
Nationality	<input style="width: 100%;" type="text"/>			
Signature (Self/Proxy Guardian)*	<input style="width: 100%; height: 40px;" type="text"/>			
Date	<input style="width: 100%;" type="text"/>			

### C. CORPORATE APPLICANT

Name of Company/Societe*	<input style="width: 100%;" type="text"/>		
Contact Person	<input style="width: 100%;" type="text"/>		
Address	<input style="width: 95%;" type="text"/>	Address	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Telephone Office Home	<input style="width: 95%;" type="text"/>	Telephone Office Home	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Signature 1	<input style="width: 95%; height: 40px;" type="text"/>	Signature 2	<input style="width: 95%; height: 40px;" type="text"/>
Company	<input style="width: 95%;" type="text"/>	Company	<input style="width: 95%;" type="text"/>
Date	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>

\*Delete as appropriate

## OFFICE USE ONLY

Certificate Number: .....	Amount Refunded: .....
Number of Units redeemed: .....	Cheque Number: .....
Exit Fee: .....	Processed by: .....
Effective NAV: .....	Approved by: .....