SBM INDIA FUND

	REDEMPTION FORM
Subscriber Nar	ne: (1) (2) If joint
Holder No:	
Contract No:	
No of Shares:	
	SECTION 2- <u>SETTLEMENT DETAILS</u>
For Office Use Only	Payment:
Amount	In Favour of Account No Account type Account type
Beneficiary Name:	
Beneficiary Bank:	
Bank Address:	
Swift Code:	
Exit Fees: 1% Durin	g the First Year
Signature:	Signature:
Date:	Date:
For Office Use Only	
Collecting Officer:	Processed by: Date:
	SBM India Fund Ltd, 4 th Floor, Raffles Tower, Cybercity Ebene, Republic of Mauritius Tel: (230) 202-1682, Fax: (230) 202-1369, Email: <u>sbmindiafund@sbmgroup.mu</u>
	SBM Mauritius Asset Managers Ltd SBM