

IPRO GROWTH FUND (IGF) – REDEMPTION REQUEST FORM



Date: _____

Shareholder Reference No: _____

SHAREHOLDER DETAILS

Title	<input type="text"/>	Surname	<input type="text"/>	First Name	<input type="text"/>
Name of Company / Société / Other Entity <input type="text"/>					
Residential Address <input type="text"/>					
Country of Residence	<input type="text"/>	Phone	<input type="text"/>	Mobile No.	<input type="text"/>

PAYMENT DETAILS

Please effect the payment to my/our bank account as detailed below:

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

Investment Professionals Ltd (IPRO) / IGF shall not bear any responsibility for any losses or expenses incurred by the shareholder during the processing of the redemption request and the payment of the redemption proceeds to the bank account stipulated in the redemption form.

REDEMPTIONS

Every Shareholder has the right to instruct the Fund to redeem his Shares on any Dealing Day (save during any period when the redemption of Shares or the calculation of the NAV is suspended in the circumstances set out in the Prospectus) by a Redemption Request. Any Shareholder wishing to redeem all or part of his Shares shall complete and send this Redemption Request Form to the offices of IPRO, by 5.00 p.m. two Business Days prior to the Dealing Day, failing which, the redemption will be carried over until the next Dealing Day. Shares will be redeemed by the Fund at the Redemption Price calculated as at the Valuation Day in respect of the relevant Dealing Day. Redemption proceeds shall be paid to the order of the Shareholder normally within three Business Days after the Dealing Day.

I/We wish to sell:

All shares **or** _____ shares **or** an amount of MUR _____ worth of shares in IGF.

APPLICABLE TO FULL REDEMPTIONS ONLY

Kindly note that full redemptions shall be considered as a closure of your IGF Account. If you wish to keep your IGF Account open, please tick (✓) the box below:

I wish to keep my IGF Account open*.

*Account will be kept open conditional to an investment within a period of 12 months, following full redemption.

I/we confirm that I/we have the legal capacity and authority to sign this Redemption Request Form. By signing this Redemption Request Form by electronic means, I/we agree that my/our electronic signature(s) shall have the same effect as if I/we had signed this Redemption Request Form printed on paper and that my/our electronic signature(s) recorded hereon shall be valid and binding.

Authorised Signatory (Self / Proxy / Guardian)

Joint Authorised Signatory (Self / Proxy / Guardian)

Name of Signatory

Name of Signatory

For office use only	
Date received:	<input type="text"/>
Processed by:	<input type="text"/>
Signature confirmed:	<input type="text"/>
KYC documents available:	<input type="text"/>

Notes:

1. Please enclose a copy of your proof of ID and a proof of address with the completed Redemption Request Form.
2. For corporate shareholders, please enclose a certified copy of a board resolution authorizing the redemption.
3. Take note that redemption proceeds will only be paid to Shareholders and any request for payment of proceeds to a third party shall not be accepted.