

APPLICATION FORM REPAYMENT REQUEST

Please complete all sections in BLOCK CAPITALS and ✓ where necessary

Unit holder Reference N°

AMF/

SECTION 1 – INVESTMENT DETAILS

I/We wish to sell all * / (specify number)* _____ Units of AAMIL Mauritius Fund.

I/We understand that Units will be repurchased at the price based on the next Repayment Price following the date on which the Repayment Request is received at the office of the Registrar, AAMIL Asset Management Ltd, Suites 340-355 Barkly Wharf, Le Caudan Waterfront, Port Louis.

Payment will be effected by cheque or bank transfer to the Unitholder within 15 Business Days of the Request Date.

SECTION 2 – APPLICANT/S DETAILS

Individuals should fill in Part A ■ Joint applicants should fill in Parts A and B ■ Corporate applicants should fill in Part C

■ All applicants should fill Parts D.

A. INDIVIDUAL APPLICANT

Title: Mr Mrs Miss Minor

Surname

Forenames

Address

Signature (Self/Proxy/Guardian)*

Date / /

*Delete As Appropriate

B. JOINT APPLICANT

Title: Mr Mrs Miss Minor

Surname

Forenames

Address

Signature (Self/Proxy/Guardian)*

Date / /

*Delete As Appropriate

AAMIL Asset Management Ltd Suites 340-355, Barkly Wharf, Le Caudan Waterfront P.O. Box 1070, Port Louis, Republic of Mauritius
 TEL: +230 210 1000 FAX: +230 210 2000 E-MAIL: info@aamil.com

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C. CORPORATE APPLICANT

 NAME OF COMPANY /SOCIETE/

 OTHER ENTITY*

 ADDRESS

 TELEPHONE

 AUTHORISED SIGNATURE: _____
 SIGNATORY'S NAME: _____

 AUTHORISED SIGNATURE: _____
 SIGNATORY'S NAME: _____

CAPACITY: _____

CAPACITY: _____

COMPANY SEAL: _____

COMPANY SEAL: _____

*Delete As Appropriate

D. PAYMENT BY BANK TRANSFER

 If a Unitholder wants repayment to be credited to a bank account, please fill in details below.
 (Bank charges will be borne by the Unitholder)

 ACCOUNT NO.

 BANK:

 BRANCH:

 ADDRESS:

 SIGNATURE (S):

 Authorised Signature
 1:.....

 Authorised Signature
 2:.....

Signatory's name:.....

Signatory's name:.....

Capacity:.....

Capacity:.....

Company Seal:.....

Company Seal:.....

 Date / /

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