

**TO:**  
**SICO FUNDS COMPANY VI BSC (c)**  
**P.O. Box 1331, Manama, Kingdom of Bahrain**

I/We \_\_\_\_\_ registered holder(s) of Units in SICO Fixed Income Fund hereby apply to redeem \_\_\_\_\_ of the said Units at the redemption price prevailing on the next Redemption Day or USD \_\_\_\_\_ following receipt of this Redemption Request Form by the Fund Company provided that the Redemption Request Form is received by the Registrar at least two Business Days prior to the next Redemption Day.

I/we understand that neither the redemption monies will be paid to me/us nor a new Unit Certificate for the balance of the Units will be issued until the Registrar receives the original redemption request.

I/we acknowledge that this Redemption Request Form is irrevocable and will not be withdrawn by me/us, except on suspension of redemptions or otherwise with the consent of the Fund Company.

This Redemption Request Form is subject to the terms and conditions of the Information Memorandum issued by the Fund Company.

**REDEMPTION INSTRUCTIONS:**

Please wire transfer funds to:

Bank name:

Bank address:

Account name:

Account number:

SWIFT number:

Currency:

USD

Note: The above bank details must be in the name of the registered shareholder.

Please ensure that all the registered Investors or authorized signatories sign this Redemption Request Form.

Name of Signatory/ Signatories:

Signature(s):

Date:

**Note:**

1. To be valid, joint Redemption Request Forms must be signed by each Unit holder if there is more than one Unit holder.
2. Partnership Redemption Request Forms should be in the name(s) of and signed by all the partner(s).
3. Investors, which are corporations, must submit Redemption Request Forms signed by their authorized signatories. Partnerships must submit a certified copy of the partnership certificate (in the case of limited partnerships) or partnership agreement identifying the partners if such documents have changed since the partnership's subscription to the Fund.
4. If this Redemption Request Form is signed under a Power of Attorney, such Power of Attorney or a duly certified copy thereof must accompany this application form.
5. If this Redemption Request Form is not fully completed to the satisfaction of the Administrator, the notice may not be accepted.

**For SICO use only**

**Account Officer:**

**Class of Units:**

**No. of Units:**

**Redemption Price Remaining Units:**