

**SICO Gulf Equities Fund**  
Redemption Request Form



**TO:**  
**SICO FUNDS COMPANY E.C.**  
**P.O. Box 1331, Manama,**  
**Kingdom of Bahrain.**

\* I/We \_\_\_\_\_ registered holder(s) of \_\_\_\_\_ Units in SICO Gulf Equities 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 Fund Company at least ten Business Days prior to the next Redemption Day.

\* I/We enclose the original Certificate pertaining to the relevant Units with this Redemption Request Form; or

\* 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 Fund Company receives the original Certificate.

**REDEMPTION INSTRUCTIONS**

Please wire transfer funds to:

Bank name:	<input type="text"/>
Bank address:	<input type="text"/>
Account name:	<input type="text"/>
Account number:	<input type="text"/>
SWIFT number:	<input type="text"/>
Currency	BHD <input type="checkbox"/> USD <input type="checkbox"/>

NB: the above bank details must be in the name of the registered shareholder

**PLEASE SIGN HERE**

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

Name of signatory/signatories

Signature

Date:

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**Note:**

1. To be valid, joint Redemption Request Forms must be signed by each Unitholder if there are more than one Unitholder.
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.

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**For SICO use only**

Account Officer

No. of Units

Redemption Price

Remaining Units