SECOND ICB UNIT FUND

ICB2 - GA

Asset Manager: ICB Asset Management Company Limited

(A Subsidiary of ICB)

SURRENDER FORM

(Delete words not applicable, Please write clearly)

		(To be filled in	n by Issuing Office	2)
То			Repurchase No.	
			Repurchase Date	
(Issuing Office Stamp)		Registration No./B.O. No.		
			Signature(s) Verified	
		To be filled in by	the Applicant(s)	Date
1/	We			
	eing the Registered Holder(s) of COND ICB UNIT FUND by Certificate(s) un		Units at the r	ate of TKPer Unit of
	rejetration No./P.O.No.			
Ke	egistration No./B.O.No		Sale No	
	TR No			hereby declare that I/We
	n/are no longer interested in the Units ar			
	the repurchase date for this surrender.			
	We desire payment in the form of			
	ch Payment shall be accepted by me/us a			
30	ciri ayinent shan be accepted by me, us a	3 Tuli discharge il	rrespect of the sa	id Offics.
W	'itnesses:			
1.	Signature			
	Name			
	Father's/ Spouse's Name		1.	
	Mother's Name		Δ.	Signature of Principal Holder/ thorized Representative (In the case of Institution
	Occupation			anonized Representative (in the case of institution
	Address			
2.	Signature			
	Name			
			2.	Cignoture of Inight Holdon
	Father's/ Spouse's Name		Autho	Signature of Joint Holder/ rized Representative (In the case of Institution)
	Mother's Name			
	Occupation		•••••	
	Address			

NOTES:

- The Repurchase Date in respect of any Surrender shall be all working days except **Thursday** and book
 closure period on which it is accepted and found to be in order by the Issuing Office, or if accepted on
 any other day the last working day of the week next following, if last working day of the week happens
 to be a holiday the repurchase will be done on the next working day.
- Other Office will receive Surrender Forms for sending to the appropriate Issuing Office. Holders are advised that such repurchases may be delayed and they will be charged for any postage and other costs involved.
- 3. Payment will normally be made to the first named unit holder by "A/C Payee only" cheque. Payment required in any other form may involve the holder in further costs.
- 4. Application by Institution, Charitable Organization/Provident Fund/Trust Fund must be accompanied by the relevant document authorizing surrender in units such as Extract of Board Resolution, Letter of Authority issued in favour of Authorized person/signatory, A Power of Attorney in favour of the person signing the Surrender Form, relevant document if Board Resolution is not required in favour of such surrender in units etc.
- 5. MAKE SURE ALL CERTIFICATES TO BE SURRENDERED ARE ATTACHED TO THIS FORM.

Received cheque/Pay order for TK	Cheque/pay orde	
10	Date	Bank
epurchase value of		
	Signature of Unit Holder(s)/	_
Auth	norized Representative (Institution)	