

REDEMPTION FORM

Kindly effect the redemption stated below held in my/our name(s) at the prevailing bid price.

Date

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Fund

FUND: Please tick as appropriate stating the amount (in Naira) OR number of units (in Units) in the space provided.

☐Coronation Balanced Fund

☐Coronation Money Market Fund

☐Coronation Fixed Income Fund

☐Coronation Premium Fixed Income Fund

No. of units:

Amount in figures:

Amount in words:

Investors Details

Name:

SURNAME

FIRST NAME

MIDDLE NAME

Customer ID:Mobile Number:

Payment Instruction

I/We request that the proceeds of my/our redemption be transferred to the bank account below:

Account Name:

Name of Bank:

Account No.:

BVN:

Please note that the Bank Account Name must be the same as the Investor's Name.

Signature & Date:

Signature & Date of co-signatory:

Reason(s) for Redeeming:

☐Investment objectives met

☐Urgent cash requirement

☐Unsatisfactory funds performance

☐Poor service delivery

Others (Please Specify)

Please note that the redemption request will usually not exceed three (3) working days from the date of the receipt of the redemption request.

Official Use Only

Registrar NameSignature & Date

Fund Manager NameSignature & Date