



South River

Redemption Request

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Please complete in block capitals

1. Account Number: _____

2. Account Holder(s) *(Where there are more than two named holders, please reprint form and insert additional names)*

Name: _____

Name: _____

Address: *(Permanent Residence)*

Address: *(Permanent Residence)*

City: _____

City: _____

Post Code: _____

Post Code: _____

Country: _____

Country: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

3. Please redeem my shares as set out below:

Fund Name	Cash	Number of Shares*
_____	_____	Or _____
_____	_____	Or _____

**If you wish to redeem all of your shares in a Fund enter "ALL".*

4. Proceeds

Please send the sale proceeds *(Tick one)*

*Directly to my bank / building society account as per the enclosed **original** bank statement / blank cancelled cheque*

*By cheque to my address held on your records **(in UK Pounds only)***

5. Signature(s)

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Name

Signature

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Name

Signature

Date

Please return this form to: South River Guernsey Limited
 2nd Floor
 Block 5
 Irish Life Centre
 Abbey Street Lower
 Dublin
 D01 P767
 Ireland