



UNIT TRUSTS UNIT SELLING FORM

Date: (dd/mm/yyyy)

ALL APPLICANT(S)

Account name: _____

Portfolio Code: _____ ID/Passport number: _____

Signature: _____ Date: (dd/mm/yyyy)

JOINT APPLICANT(S)

| Name | ID/Passport number | Signature | Date (dd/mm/yyyy) |
|-------|--------------------|-----------|----------------------|
| _____ | _____ | _____ | (dd/mm/yyyy) |
| _____ | _____ | _____ | (dd/mm/yyyy) |
| _____ | _____ | _____ | (dd/mm/yyyy) |
| _____ | _____ | _____ | (dd/mm/yyyy) |

CORPORATE APPLICANT (To be filled out by Companies, NGOs, Associations/Societies, Partnerships and Trust Funds)

| Authorised Signatories | ID/Passport number | Signature | Date (dd/mm/yyyy) |
|------------------------|--------------------|-----------|----------------------|
| _____ | _____ | _____ | (dd/mm/yyyy) |
| _____ | _____ | _____ | (dd/mm/yyyy) |
| _____ | _____ | _____ | (dd/mm/yyyy) |
| _____ | _____ | _____ | (dd/mm/yyyy) |
| _____ | _____ | _____ | (dd/mm/yyyy) |

SELLING INSTRUCTIONS

| Fund | Amount | Number of Units | All Units (please tick) |
|------------------------|--------|-----------------|-------------------------|
| Money Market Fund | | | |
| Equity Fund | | | |
| Dollar Investment Fund | | | |
| Total | | | |

REASON FOR SELLING (please tick)

Need Cash: Purchase Asset To Invest Offshore Business Venture

Other Unit Trust Provider: Unhappy with NCBA Kindly provide details

IMPORTANT INFORMATION

1. This authority must be signed in accordance with the mandate held by NCBA Investment Bank.
2. No payments will be made to third parties.
3. Please note that withdrawals may take up to three working days to effect.
4. Proceeds of liquidation will be credited to your bank account as per the details in our records.
5. The selling price will be the last available price if this form is received by NCBA Investment Bank by 3:00pm

