

REDEMPTION FORM (FOR ENCASHMENT OF UNITS)



Date: _____

Name of Applicant: _____ Folio No.: _____

2. REDEMPTION DETAILS

I/We, the undersigned being the registered holder(s) of Units, as detailed below request you to redeem my/our Units according to the provisions of the Trust Deed and the Offering Documents of the respective Interloop Funds(s)

☐ Redemption in Units ☐ Redemption in Amount

Name of Fund		Category of Fund	Risk Profile
<input type="checkbox"/>	CDC Trustee IAML Money Market Fund (IMMF)	Money Market	Low
<input type="checkbox"/>	CDC Trustee IAML Equity Fund (IEF)	Equity	High

Certificate attached: ☐ Yes ☐ No If attached, please provide details of certificates. Certificates Nos: _____

3. PAYMENT INSTRUCTIONS

☐ Please send the cheque for the redemption proceeds at my registered address

Registered Address (If different from registered address): _____

☐ Please send directly to the Bank as per following particulars:

Account Title: _____ IBAN / A/C No.: _____

Name of the Bank: _____ Branch Address: _____

☐ Foreign Remittance (Conditions Apply)

4. DISCLAIMER & SIGNATURES

Disclaimer: I/We are fully informed and understand that investment in units of CIS are not bank deposits, not guaranteed and not issued by any person. Shareholders of IAML are not responsible for any loss to me/us resulting from the operations of any CIS launched/ to be launched by IAML unless otherwise mentioned. Use of the Name and Logo of "Interloop Group" as given above does not mean that it is responsible for the liabilities / obligations of Atlas Asset Management Limited or any investment scheme managed by it.

	Name of Applicant(s)/Signatory	Designation (In case of Institution)	Signature (with Rubber Stamp in case of Institution)
Principal Applicant/Signatory			
First Joint Holder/Signatory			
Second Joint Holder/Signatory			
Third Joint Holder/Signatory			

5.PROVISIONAL RECEIPT (Please make sure to take the receipt with you)

Received from Mr./Mrs./Ms./Messrs: _____

Application for the encashment of: (Fund/Plan): _____ Amount: (Rs.) _____ OR

Number of Units: _____ OR % _____ Number of Certificates Attached: _____

Certificate Nos. _____ Stamp & Receipt Date & Time: _____

Authorized Signatory: _____ Authorized Branch: _____