

# AMANA CORPORATE REDEMPTION FORM

Grow, Accumulate, Preserve wealth . . .



*Amana*  
Capital Ltd helping you invest

## INVESTOR INFORMATION:

ORGANIZATION TYPE:  Company  SACCO  NGO/Other  School  Church

Company Name: \_\_\_\_\_

Country of Registration:  KENYA  OTHER \_\_\_\_\_

Registration or Incorporation NO: \_\_\_\_\_  
(Please Attach copy)

## CONTACT PERSON (S) INFORMATION:

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Gender:  M  F  
Given Names: \_\_\_\_\_  
Company Designation: \_\_\_\_\_

Email (For all correspondences): \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_ Extension: \_\_\_\_\_

Identification Document:  I.D Card  Passport \_\_\_\_\_  
(Please Attach copy)

## REDEMPTION DETAILS:

|                     | Amount (Kshs) | No. Of Units | All Units |
|---------------------|---------------|--------------|-----------|
| AMANA SHILLING FUND |               |              |           |
| AMANA BALANCED FUND |               |              |           |
| AMANA GROWTH FUND   |               |              |           |
|                     |               |              |           |

Reason for Redemption: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## GENERAL TERMS AND CONDITIONS:

1. A redemption will be effected within 7 working days from the date of the receipt of instruction.
2. Unit holders may redeem their units on any dealing day, in part or in whole. In the event of a partial redemption is carried out where the unit holder holds units in that fund having a value of less Kshs. 10,000.00, Amana may in its sole discretion repurchase all the outstanding units.

### DECLARATION:

I/We the undersigned give a notice to sell the relevant units and in consideration of the purchase price to be paid to me/us for the said units transfer all my/our rights, title and interest in and to the said units to you and acknowledge that I/We have no further interest therein.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

NAME OF FINANCIAL ADVISOR: \_\_\_\_\_

NAME OF INSTITUTION: \_\_\_\_\_

EMAIL : \_\_\_\_\_ AGENT CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Investor details check

Signature of client verified

Checked by:

Funds selection

Proof of payment attached

\_\_\_\_\_  
Administrator

APPROVED BY: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_