

Merchant Opportunities Fund Redemption Request Form

PLEASE USE BLOCK LETTERS TO COMPLETE THIS FORM

Please complete this form and send to:

Merchant Funds Management Pty Ltd
Unit 36, 38 Manchester Lane
Melbourne VIC 3000
Email: info@merchantfm.com.au

1. Investor Details

Account Name(s)

Designation

Investor number

2. Contact Details

Address

Daytime Telephone
No.

3. Transaction Details

Full Withdrawal

Units

Partial Withdrawal

\$

or

Units

4. Payment Instructions

By Cheque payable to Investor(s) and mailed to registered address

By Cheque payable to third party (please provide details below):

Payee name

Payee Address

Direct Credit to the following account:

Financial Institution

Branch

Account Name

BSB

Account Number

5. Signatures

Investor 1 or Director Name

Signature

Investor 2 or Director Name

Signature

Date

If signed under Power of Attorney, the Attorney encloses a
Certified Copy of Power of Attorney and declares that he/she has
not received notice of revocation of that power

For further assistance please call Merchant Funds Management on (03) 8640 0301 Monday to Friday 8.30am to 4.30pm (AEST).