

# 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**  
PO Box 883  
Nedlands WA 6909  
Email: [info@merchantfm.com.au](mailto: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 (08) 6277 0050 Monday to Friday 8am to 4.30pm (WST).