

Merchant Biotech 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

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

<input type="checkbox"/>	By Cheque payable to Investor(s) and mailed to registered address		
<input type="checkbox"/>	By Cheque payable to third party (please provide details below):		
Payee name			
Payee Address			
<input type="checkbox"/>	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).