

Once completed this form should be delivered to the Administrator:

Instruction Forms can also be mailed to the Manager:

**Pivot Limited**

1st Floor, 32 Ebène Heights,  
Cybercity, Ebène,  
Mauritius

**African Alliance Mauritius Management Company Limited**

1st Floor, 32 Ebène Heights,  
Cybercity, Ebène, Mauritius  
Phone: +230 404 7400  
Fax: +230 467 7050

(If sent by fax, please confirm telephonically that the form has been received)

- All sections must be completed in full using BLOCK LETTERS.
- Indicate all options selected by means of a cross (X).
- Initial any amendments made to the application form.
- Ensure that all information provided is accurate.
- No instruction will be processed unless all requirements have been met.

- The daily cut-off for receipt of instructions is 11h00.
- Should you have any queries regarding this application, please contact African Alliance Mauritius Management Company Limited on +230 404 7400 or e-mail info@pivotlimited.com.

**A Investor Details**

|  |                                |             |
|--|--------------------------------|-------------|
| Investor name:   |                                |             |
| Surname/company/trust/partnership/close corporation:                         |                                |             |
| Title:   | First name(s)/contact name(s): |             |
| ID/passport/company/trust/partnership/close corporation registration number: |                                |             |
| Postal address:  |                                |             |
|  |                                | Postal code |
| Home telephone number ( )  | Business telephone number ( )  |             |
| Cellphone number ( )   | Fax number ( )                 |             |
| email address:   |                                |             |

**B Redemption Instruction**

| Fund  | Portfolio Number         | Redemption   |          | Redeem <input checked="" type="checkbox"/><br>All Units |
|---|--------------------------|--------------|----------|---|
|   |                          | Units        | Currency |   |
| Hausmann Rech Global Equity Multi Strategy Fund | _____ DP _____           |              | USD      |   |
| Hausmann Rech Global Equity Opportunities Fund  | _____ DP _____           |              | USD      |   |
| Hausmann Rech Global Fixed Income Fund          | _____ DP _____           |              | USD      |   |
| Hausmann Rech Global Managed Fund               | _____ DP _____           |              | USD      |   |
| Close the Investment Account                    | <input type="checkbox"/> | <b>Total</b> |          |   |

**Indemnity**

I/We agree that any payment which you shall make in accordance or purporting to be in accordance with this instruction shall be binding upon us and shall be accepted by us as conclusive evidence that you were authorized to make such payment or comply with any demand given by us. I/We undertake to indemnify you against all losses, claims, actions, proceedings, demands, damages, costs and expenses incurred or sustained by you of whatever nature and howsoever arising, out of or in connection with you honouring and acting upon such, including faxed or emailed instructions.

**Redemption Instruction Notes**

If the Redemption Instruction relates to a number of units which leaves the unit holder with less than 500 units the Manager may, in his absolute discretion, redeem the total number of units, including a possible distribution amount, held by the requesting unit holder and close the account. Such account will be re-activated when the unit holder invests again.

Redemption Instructions received before 11h00 will receive value for the day the instruction is received.

Redemption payments will only be made to the Bank Account detailed on the Account Opening Form. If the bank account details have changed a 'Change of Account Details Request' must be completed before the redemption can be made. Under no circumstances will any payments be made to a third party account.

**Payment instructions**

I/we hereby warrant that I/we choose to have my/our redemption deposited directly into my/our bank account, as per Account Opening Form. I/we understand that this will enable payment to be made in a safer and quicker manner. I / we hereby warrant that these details are correct and that payment of this redemption into this account shall constitute a valid discharge of the legal obligations due to me / us in respect of units hereby redeemed and that the Management Company of the Fund specified above is hereby indemnified against any further claims in respect of these units. The Management company is further hereby indemnified against any claims resulting from funds paid to a bank account, whose details have been provided by myself, where such bank account is either closed or whose details are incorrect.

**Dispatch of Redemption Payments**

By Cheque

By Electronic Funds Transfer

Payments will normally be made within 7 days of the Redemption Instruction being received.

A clearance period of 30 days will be required where the Investments have been made by debit order before a redemption can be authorised.

A clearance period of 14 days will be required where the Investments have been made by cheque before a redemption can be authorised.

**C Electronic Instructions**

I/we authorise African Alliance Mauritius Management Company Limited ("African Alliance") to accept this electronic instruction via email. We confirm that in authorising African Alliance to accept an electronic instruction, we waive any right to claim that we may have and indemnify African Alliance against any loss incurred as a result of African Alliance receiving and/or acting upon the electronic instruction.

**D Authorised Signatories**

|  |                |      |  |
|--|----------------|------|--|
| Signature 1                              |                | Name |  |
| Signature 2                              |                | Name |  |
| Signature 3                              |                | Name |  |
| Signature 4                              |                | Name |  |
| Assisted by<br>(where legally necessary) |                | Name |  |
| Date                                     | DD / MM / YYYY |      |  |

I / we warrant that I / we have full authority and are legally competent to enter into and conclude this transaction with the necessary assistance where such assistance is legally required. I / we accept the provisions of the relevant Trust Deed.

**E To be completed by African Alliance**

| Received         | Date | Initials |
|------------------|------|----------|
| Portfolio number |      |          |
| Details verified |      |          |
| Processed        |      |          |
| Paid-Cheque no   |      |          |