

Once completed this form should be faxed/delivered to:

Instruction Forms can also be mailed to:

African Alliance Botswana Management Company Limited
Fax: +267 318 8956
Phone: +267 318 8958
(Please confirm telephonically that the fax has been received)

African Alliance Botswana Management Company Limited
PO Box 2770
Gaborone
Botswana

Instruction Forms can also be delivered to the African Alliance offices at:
African Alliance House, Fairgrounds Office Park, Plot 50361, Gaborone, Botswana

Investor Details		To be Completed by African Alliance		
Client Name		Received	Date	Initials
Client Number		Portfolio Number		
Contact Telephone		Details Verified		
		Processed		
		Paid - Cheque no		

Redemption Instruction				
Fund	Portfolio Number	Redemption		Redeem <input checked="" type="checkbox"/> All Units
		Units	Currency	
African Alliance Botswana Value Fund	_____ DP _____		BWP	
African Alliance Botswana Global Allocation Fund	_____ DP _____		BWP	
African Alliance Botswana Global Income Fund	_____ DP _____		BWP	
African Alliance Botswana Liquidity Fund	_____ DP _____		BWP	
African Alliance Botswana Enhanced Yield Fund	_____ DP _____		BWP	
Close the Investment Account	<input type="checkbox"/>			

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 leaves the unit holder with units having a total value of less than the minimum threshold, 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.

Redemption Instructions received before 12h00 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.

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.

Do you have an existing debit order?

Your monthly debit order may be affected by your once-off withdrawal/regular withdrawal. How would you like your existing debit order to be treated after the withdrawal?

Debit order instruction to remain unchanged Cancel debit order instruction Change debit order (please complete the Debit Order Instruction form)

Authorised Signatories			
Signature 1		Name	
Signature 2		Name	
Signature 3		Name	
Signature 4		Name	
Assisted by (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.