



REDEMPTION REQUEST FORM

Note: Redemption requests received prior to 12:00pm Sydney time (on a Sydney business day are deemed to be received that day. Requests received after 12:00pm Sydney time are deemed to be received the next business day.

Online Form: Redemption requests can also be lodged via the online [Investor Portal](#).

Investor Details					
Investor number (eight-digit number) _____					
Investor name _____					
Fund Information					
Please accept this redemption request with respect to my/our investment in the below Fund(s):					
Fund Name	Amount in \$		Units		Entire Investment
Aikya Emerging Markets Opportunities Fund - Class A		OR		OR	<input type="checkbox"/>
Aikya Global Emerging Markets Fund - Class A		OR		OR	<input type="checkbox"/>
If your withdrawal request would result in your investment balance being less than the Fund's minimum investment balance, we may treat your withdrawal as being for your entire investment.					
Payment Instructions					
Please credit my financial institution account using:					
<input type="checkbox"/> the details you hold in my records; OR					
<input type="checkbox"/> the following account details (if not account details are on record)*:					
Bank	_____				
Account Name	_____				
BSB No	_____	Account No	_____		
*For a change of account details, written instructions are required to be sent prior to your redemption request.					
Note: Proceeds cannot be transferred to third party bank accounts. Nominated bank account name must be in the same name as the investor(s). For trusts or super funds, the bank account must be in the name of the trust/super fund or refer to the name of the trust/super fund e.g. 'ABC Super Fund' or 'ABC Pty Ltd ATF ABC Super Fund'.					

Authorisation

I/we can confirm that I/we have read and understood the latest Product Disclosure Statement and Additional Information to the PDS to which this request applies. *Please ensure that this form is signed according to the authority assigned to the account.*

Signature _____ Date ____/____/_____
Full Name _____
Capacity: (e.g. director, trustee) _____

Signature _____ Date ____/____/_____
Full Name _____
Capacity: (e.g. director, trustee) _____

Signature _____ Date ____/____/_____
Full Name _____
Capacity: (e.g. director, trustee) _____

Signature _____ Date ____/____/_____
Full Name _____
Capacity: (e.g. director, trustee) _____

Post:

Aikya Investment Management Limited
c/- Citi Unit Registry Australia
GPO Box 764
Melbourne VIC 3001

OR

Fax:

[Fund Name] [Investor Name]
c/- Citi Unit Registry Australia
+61 1300 102 151