

SICO Arab Financial Fund
Redemption Request Form



TO:
SICO FUNDS COMPANY E.C.
P.O. Box 1331, Manama,
Kingdom of Bahrain.

* I/We _____
registered holder(s) of _____ Units in SICO Arab Financial Fund hereby apply to redeem _____ of the said
Units at the redemption price prevailing on the next Redemption Day or USD _____ following receipt of this
Redemption Request Form by the Fund Company provided that the Redemption Request Form is received by the Fund
Company at least ten Business Days prior to the next Redemption Day.

* I/We enclose the original Certificate pertaining to the relevant Units with this Redemption Request Form; or

* I/We understand that neither the redemption monies will be paid to me/us nor a new Unit Certificate for the balance of the
Units will be issued until the Fund Company receives the original Certificate.

Redemption Instructions

Please wire transfer funds to:

Bank name:	<input type="text"/>
Bank address:	<input type="text"/>
Account name:	<input type="text"/>
Account number:	<input type="text"/>
SWIFT number:	<input type="text"/>
Currency	BHD <input type="checkbox"/> USD <input type="checkbox"/>

NB: The above bank details must be in the name of the registered shareholder

Please sign here

Please ensure that all the registered Investors or authorised signatories sign this Redemption Request Form.

Name of signatory/signatories

<input type="text"/>
<input type="text"/>

Signature

<input type="text"/>
<input type="text"/>

Date:

Securities & Investment Company BSC (c)

P.O. Box 1331, Manama, Kingdom of Bahrain

Tel: +973 1751 5000, Fax: +973 1751 4000

CR No 33469

www.sico-bahrain.com

Note:

1. To be valid, joint Redemption Request Forms must be signed by each Unitholder if there are more than one Unitholders.
2. Partnership Redemption Request Forms should be in the name(s) of and signed by (all) the partner(s).
3. Investors, which are corporations, must submit Redemption Request Forms signed by their authorised signatories.
Partnerships must submit a certified copy of the partnership certificate (in the case of limited partnerships) or partnership agreement identifying the partners if such documents have changed since the partnership's subscription to the Fund.
4. If this Redemption Request Form is signed under a Power of Attorney, such Power of Attorney or a duly certified copy thereof must accompany this application form.
5. If this Redemption Request Form is not fully completed to the satisfaction of the Administrator, the notice may not be accepted.

For SICO use only

Account Officer

Redemption Price

No. of Units

Remaining Units