CFAL Balanced Fund Ltd.

Third Floor 308 East Bay Street Nassau, The Bahamas Tel: (242) 502-7010 Fax: (242) 393-4639



REDEMPTION FORM - CLASS A SHARES - CORPORATE / INSTITUTIONS

Name of Company/	'Institution						
Contact Name	LAST	Г		FIRST		MIDDLE	
Registered Address							
		CITY		COUNTRY			
	CITT				COUNTRI		
Telephone	WOF	RK		FAX		P.O.BOX	
Email							
Amount of Redemp	otion B\$						
Investment Accoun	t Number						
BANKING DET	AILS						
Name on Account:							
Address associated	with Account:						
Bank Name:							
Branch/Transit Nun	nber:						
Swift:							
Bank Account Num	ber						
(Name on bank account must match name of the fund account holder)							
Authorized Signatu	re		Authorized Signat	cure		DAY MONTH YEAR	
(Please note the Co	mpany Seal M	UST be affixed by all o	corporate entities)				