

REDEMPTION FORM – CLASS A SHARES – CORPORATE / INSTITUTIONS

Name of Company/Institution

Contact Name

LAST	FIRST	MIDDLE
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Registered Address

CITY	COUNTRY
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Telephone

WORK	FAX	P.O.BOX
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Amount of Redemption B\$

Investment Account Number

Authorized Signature_____ Authorized Signature_____

DAY	MONTH	YEAR

(Please note the Company Seal MUST be affixed by all corporate entities)