CFAL Global Equity 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/Institut	tion			
Contact Name	LAST	FIRST		MIDDLE
Registered Address				
	CITY		COUNTRY	
Telephone	WORK			P.O.BOX
Email				
Amount of Redemption	U\$D	- W 10t 1000 00		
		otion US\$ 1,000.00		
Investment Account Numb	oer			
BANKING DETAILS				
Name on Account:				
Address associated with A	account:			
Bank Name:				
Branch/Transit Number:				
Swift:				
Bank Account Number				
	(Name on b	oank account must match name of th	ne fund account holder)	
Authorized Signature		Authorized Signature		DAY MONTH YEAR
(Please note the Company	Seal MUST be affixe	ed by all corporate entities)		