

MPILE RETAIL COLLECTIVE INVESTMENT SCHEME

UNITS TRANSFER FORM

Date:								0	ate:												
Unit holders' Signature								_ \	Jnit ł	nolde	ers' s	ignat	ure								_
Address																					
BENEFICIARY DETAILS Name of beneficiary							<u> </u>					Τ			1		I			Τ	
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Total Value to be transferred						IN FIGURES:															
Fund Name											Ĺ										_
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Transfer Details	Fro	m·lo	victi	ng ac	ירטויי	nt)						To·/	10///	accou	ınt\						
E-mail:																					
Cell:												1									1
Telephone (H):										Telep	hone	e (W) :	: [
ID Number				1						<u> </u>	<u> </u>	1			<u> </u>			<u> </u>			
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National ID Type																	Sex			л	F
Residential Address																					
Full Names																					
Surname																					
Name of unit holder (as on ID)																					
UNIT HOLDERS DETAILS																					



MPILE RETAIL COLLECTIVE INVESTMENT SCHEME

FOR OFFICIAL USE ONLY							
Customer Name	Customer Signature Verified ✓	Number of Units Awarded/Redeemed	Value				
Verified by:		Approved by:					
Signature:		Signature:					
Date:		Date:					