**Annex 7**

Interval Mutual Investment Fund “GoodWill KZT” Rules

**for individuals**

### Annex 7. Application for redemption of units of t

**Application No. \_\_\_**

**for redemption of units of the Interval Mutual Investment Fund “GoodWill KZT”**

**managed by Freedom Finance JSC**

dated \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant | Personal account in the unitholders register | |  |
| Surname | |  |
| Given name | |  |
| Patronymic | |  |
| Address, phone | |  |
| IIN | |  |
| Identity document | Name | |  |
| Series, number | |  |
| Issuing authority, date of issue | |  |
| Bank details for transferring money payable to the unitholder (applicant) | Beneficiary\*: | |  |
| Beneficiary's bank: | |  |
| Client’s IBAN | |  |
| Bank transit account No.\*: | |  |
| BIN of the Bank\*: | |  |
| BIC | |  |
| Beneficiary's IIN/BIN: | |  |
| Code of beneficiary: | |  |
| Reference\*\*: | | |
| Note  \* If the funds are credited to the unitholder's account (IBAN) through the Bank's transit account, then it is necessary to indicate the name of the Bank to which the transit account belongs in the ‘Beneficiary’ field, and fill in the fields ‘Bank transit account No.’ and ‘BIN of the Bank’;  \*\* If the funds are credited to a card account, it is required to indicate the card number, full name and IIN of the cardholder. | | |
| Notification method | Fax |  | |
| E-mail |  | |
| Authorized representative who is an individual | Surname |  | |
| Given name |  | |
| Patronymic |  | |
| Address, phone |  | |
| Location, address |  | | |
| Certificate of state (re-) registration | Series, number |  | |
| Issuing authority, date of issue |  | |
| Represented by | Surname |  | |
| Given name |  | |
| Patronymic |  | |
| Address, phone |  | |
| Identity document | Name |  | |
| Series, number |  | |
| Issuing authority, date of issue |  | |
| Document of Authority (name, number, date) | |  | |
| I hereby apply for redemption of units I hold | ISIN |  | |
| number  (in figures and words) |  | |
| I have read and understood the Fund Rules.  The Fund units’ redemption price is determined in accordance with the Fund Rules.  In case of full redemption of the units, this application expresses the applicant's will of intent to terminate the Fund Assets Trust Management Agreement and sell the units to the Fund's Management Company. | | | |

Full Name, signature of applicant / authorized representative of the applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application acceptance date and time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position, full name, signature of the person who accepted the application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application execution date and time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_