KOMODO FUND **REDEMPTION FORM**

PLEASE RETURN THIS FORM TO:

HB CAPITAL PARTNERS
c/o PT HB Capital Indonesia
Graha Sentana
Jl.Irian No.16-18
Jakarta 10350
Indonesia
Tel: (62-21) 3928956; Fax: (62-21) 3928958

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

I/We, the under-named Registered Shareholder(s), hereby request the Company to redeem (please also fill in details for confirmation of orders previously sent):

Registered Shareholder(s): _____

Holder Account No: _____

Day-time Tel. No.: _____

Name of Fund:	No. of Shares to be Redeemed*	or	Amount to be Redeemed (USD)
Komodo Fund			

*** If there is no indication of the number of Shares to be redeemed, the entire holding will be redeemed.**

Redemption Payment

Payment is normally made by Telegraphic Transfer in USD and sent to the registered address supplied in Master Account Opening Form at my/our own risk. Please indicate by ticking the appropriate box below the form of payment you require in relation to redemption payment.

Payment method ☐ **TT** **Switching to Class : _____**

☐ **Other (Please specify) _____**

If you are requesting payment different from the standing payment instruction given in the Master Account Opening Form, please complete the following bank payment details:

Name of Bank (Please provide SWIFT/IBAN Code)	Signature Verification By:
Address	
Bank Account Name (If no indication, the Registered Shareholder(s))	
Bank Account Number	(Either a Notary Public, Practicing Lawyer, Law Enforcement Officer, Embassy, Consulate or Officers of FATF-based Financial Institutions)
Currency of Account	Name and Capacity in Block Capitals:
Correspondent Bank (Please provide SWIFT/IBAN Code)	
Correspondent Bank Address	Date: _____

Note:

a. We advise against third party payments. If third party payment is required, the Shareholder(s) must provide signature verification by either a Notary Public, Practicing Lawyer, Law Enforcement Officer, Embassy, Consulate or Officers of FATF-based Financial Institutions. Any expense in providing the verification is borne by the Shareholder(s).

b. Apart from third party payment, any remittance in USD to a bank account in the State of New York or in Hong Kong will also require signature verification.

c. Any costs or expenses incurred in currency conversion or remittance by telegraphic transfer will be deducted from the redemption payment.

Name of Registered Shareholder(s)	**Signature(s)**	**Date**
1.		
2.		
3.		
4.		

Note: In order for a redemption request to take effect on a particular Redemption Day, the redemption request must be received at the above address not later than 1.00p.m. Jakarta time on the Subscription Day *preceding* the relevant Redemption Day.
To enable the prompt release of redemption payments, please return the original Redemption Form to the above address as soon as possible.