**Annex 8**

Interval Mutual Investment Fund “GoodWill KZT” Rules

**for legal entities**

### Annex 8. Application for redemption of units of th

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

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

**managed by Freedom Finance JSC**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Full name of the legal entity | | |  |
| Personal account in the unitholders register | | |  |
| Location, address | | |  |
| Certificate of state (re-) registration | Series, number | |  |
| BIN | |  |
| 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 |  | |
| Identity document of the authorized representative | Name |  | |
| Series, number |  | |
| Issuing authority, date of issue |  | |
| Address, phone |  | |
| Document of Authority (name, number, date) |  | | |
| Name of authorized representative which is a legal entity | |  | |
| Location, address | |  | |
| BIN | |  | |
| 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) |  | | |
| We hereby apply for redemption of units we hold | ISIN |  | |
| number  (in figures and words) |
| We have read and understood the Fund Rules.  The Fund units’ redemption price is determined in accordance with the Fund Rules.  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

L.S. (for legal entity)

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

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

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