

Please email this form to:

GinsGlobal Index Funds (Mauritius) Ltd

Email: ls@ginsglobal.com
cp@ginsglobal.com
kf@ginsglobal.com

Phone: +27 11 883 9862
 Cell: +27 82 896 4234

Selling Instructions

Title:	<input type="text"/>	Account Number:	<input type="text"/>
First Names:	<input type="text"/>		
Surname:	<input type="text"/>		
Physical Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Tel:	<input type="text"/>	Fax:	<input type="text"/>
ID / Passport No:	<input type="text"/>	Date:	<input type="text"/>

Please select on option (Minimum \$1,500.00 or Euro Equivalent)

Please Sell: All Units **OR** Specify number of units **OR** Value

Fund Name	All Units	Specify Number of Units	Value
Global Bond Index Fund			
Global Equity Index Fund			
Global Equity Index Fund - Class B			
Emerging Markets Index Fund			
Emerging Markets Index Fund – Class B			
US Equity Index Fund			
European Equity Index Fund			
Japanese Equity Index Fund			
US Property Index Fund			
Consumer Staples Index Fund			
US\$ Money Market Fund			
GBP Money Market Fund			
European Real Estate Index Fund			
European Govt Bond Index Fund (€)			
Healthcare Innovation Index ETF			
Global Innovative Index ETF			
Cloud Technology Index ETF			

The selling price will be determined on the date this form is received before 10:00 am

Payment Instructions

(Payment only by electronic transfer to a bank account in the name of the registered investor. No cheques will be issued.)
The proceeds will be credited directly to the bank account below:

Name of Bank:	<input type="text"/>						
Physical Address:	<input type="text"/>						
	<input type="text"/>						
	<input type="text"/>	Swift Code:	<input type="text"/>				
Branch Name:	<input type="text"/>						
IBAN:	<input type="text"/>						
Name of Account Holder:	<input type="text"/>						
Account Number:	<input type="text"/>						
Currency of Account:	<input type="checkbox"/> USD	<input type="checkbox"/> GBP	<input type="checkbox"/> EUR	<input type="checkbox"/> ZAR	Type of Account:	<input type="checkbox"/> Current	<input type="checkbox"/> Savings

Payments will be made in the currency of your fund. Please make sure that your bank account is able to accept multiple currencies. If not, please instruct GinsGlobal to convert your funds to the currency of your choice.

Investors Declaration

I warrant that I have read this form and I have full power and authority to enter into and conclude this transaction, with the necessary assistance where such assistance is a legal requirement.

Signature of Investor

(This section should be signed in accordance with the normal signatory arrangements for this bank account)

Signature 1:	<input type="text"/>	Signature 2:	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>

Important Information

Terms and conditions of the original application form apply

Document Checklist

- Complete selling form
- Proof of bank details (e.g. cancelled cheque or banks statement)
- Copy of ID or valid passport
- Proof of residential address less than 3 months old (e.g. utility bill, telephone account)

Please complete form and email to ls@ginsglobal.com, cp@ginsglobal.com, kf@ginsglobal.com