



Redemption Request Form

HCB Trust Ek. för.

1. INVESTOR DETAILS	
Passport No. :	Contact No.
Name of Investor(s) : <i>Principal</i>	<i>Joint</i>
Address :	
E-mail :	
2. REDEMPTION DETAILS	
Program Name :	
Certificate No./Ref. :	Subscribed Amount:
Redemption Mode :	<input type="checkbox"/> Matured Full Subscription. <input type="checkbox"/> Matured Partial Subscription, subject to conditions. <input type="checkbox"/> Re-Contract / Renewal, subject to conditions. <input type="checkbox"/> Partial Subscription, subject to conditions. <input type="checkbox"/> Pre-mature Withdrawal, subject to conditions. Redemption Amount in words: _____
Re-Contract / Renewal (For Internal Use Only)	
New Program Name: _____	
New Certificate No./Ref. : _____ Amount & Currency: _____	
Subscription / Administration Fee:	Additional amount shall be paid according to the amount shown in the relevant subscription documents. Percentage: _____ Amount & Currency: _____
3. DECLARATION	
I / We confirmed that the information given above is true and correct to the best of my / our knowledge. I / We agree that the amount withdraw is substantially less than that of my/our initial deposit, due to pre-mature withdrawal penalties. I / We unconditionally accept and agree to :	
A. <u>Condition for Redemption</u> i) My / Our capital investment shall return to our account with HCB Trust, prior to any disbursement.	
B. <u>Condition for Re-Contract / Renewal</u> i) I / We authorize HCB Trust to automatically renew a further or continuous periodic term, if no further instructions were received from me / us upon the expiry of the contract.	
<i>Principal Investor Signatory</i> Date :	<i>Joint Investor Signatory</i> Date :
** All investors and joint investors must sign and corporate investors must further affix their company stamp or seal.	
HCB TRUST Ek. för. Solna Strandväg 78 17154 Stockholm, Sweden Tel: +46 (0)8 5052 1360 Fax: +46 (0)8 5052 1010 www.hcbtrust.net accounts@hcbtrust.net	