



SORT CODE:		BVN:																	
<b>INCOME DISTRIBUTION</b>																			
PLEASE TICK TO INDICATE PREFERRED OPTION:										CASH DISTRIBUTION VIA BANK TRANSFER <input type="checkbox"/>					REINVESTMENT <input type="checkbox"/>				
<b>AUTHORISATIONS</b>																			
SIGNATURE						2ND SIGNATURE <i>(Corporate/Joint)</i>						OFFICIAL SEAL/RC. NO. OR *THUMBPRINT* <i>(For Illiterates only)</i>							
NAME OF AUTHORISED SIGNATORY <i>(Corporate only)</i>						NAME OF AUTHORISED SIGNATORY <i>(Corporate/Joint)</i>													
DESIGNATION <i>(Corporate only)</i>						DESIGNATION <i>(Corporate only)</i>													
<b>FORM OF ATTESTATION (COMPULSORY REQUIREMENT FOR A WITNESS OF A THUMBPRINT IMPRESSION ONLY)</b>																			
<p>I, _____ [please insert full name of person attesting] of _____ [insert address] hereby testify that the above *thumbprint* was affixed in my presence this.....day of.....201...., and is the true right thumb print of _____ [insert name of person executing] who has acknowledged to me after due explanation of the Application Form in the language understandable to him that (i) he/she has voluntarily executed this instrument and (ii) he/she understands the contents and effect thereof.</p> <p>As witness my hand this.....day of..... 2025.</p>																			
															Witness Signature:				