West Africa Financing Investment Capital S.A (WAFI CAPITALS.A.)-SICAV Autogéré

SHARE REDEMPTION FORM N°.....

NATURAL PERSON Account number • .....

I the undersigned: LAST NAME..... Given names .....

ID: (ID card, Passport, birth certificate) .....

Acting on behalf of .....

Country of residence • .....

Address • .....

Tel (Cel).....B.P • .....Email • .....

LEGAL PERSON Account N° • .....

☐ 1- Insurance company ☐ 2- Banks and financial institutions

☐ 3-Pension organization ☐ 4- other companies 5- others ☐

Company name • .....Acting as • .....

Legal form • .....Share capital • .....

Address ..... B.P ..... Location • .....

Tel • ..... Fax • .....Email • .....

Having read the data sheet of WAFI CAPITAL SICAV which was given to me, I allow you to proceed with the redemption of 10 shares (number of shares)..... shares with a net asset value

On ...../...../.....FCFA,

MEAN OF PAYMENT.

☐ Check: ..... n° ..... date .....

☐ Bank transfert: ..... date .....

☐ Cash: .....

Place • .....Date • .....

Signature & stamp of The collecting body

Signature & stamp of Business contributor

Signature & stamp of Client

« Voucher for the purchase of.....shares, that is .....FCFA

This SICAV is approved by the Regional Council under the n ° SICAV / 2020-01. The subscriber can obtain the information note and the Articles of Association of the SICAV WAFI CAPITAL at the registered office or from the institutions authorized to receive subscriptions and redemptions.