



The Fund Manager  
Pacific Equities & Investments Limited  
P.O.Box 669  
Port Moresby

Ph: 321 2855 Fax: 321 1240

Shareholder Number
Date

## Repurchase Notice

### PACIFIC BALANCED FUND—REPURCHASE NOTICE

**A** This form should be completed and presented to **PACIFIC BALANCED FUND** at the above address together with relevant **Unit Certificate(s)**

Applicants given names or company name		Surname or family name	
Village or District		Town or Province	
Corresponding Address			
Telephone (if available)	Contact Name	Fax (if available)	

**B** I/We apply to the Fund Manager of Pacific Balanced Fund to redeem  (Number of Units) of my units at the price current at the date of receipt of this application. I/We Authorise the Fund Manager to deduct any fees payable from the proceeds of the sales. Enclosed are the certificate(s) of my units and please present the amount payable to me as indicated below.

**C** For the collection of your proceeds, please indicate which avenue will apply by ticking the appropriate box below;

- Send payment to my Corresponding Address  
 Payment to be collected over the counter  
 Payment to be deposited in my Bank Account

Bank Account Details

Account Name	
Account Type	
Bank	
Branch	
Account Number	

Applicant Signature		
Witness	(Name)	(Signature)

**D** If you are applying for repurchase of units on behalf of a dan, tribe or village (any unincorporated group) please ensure all details in the table below are completed.

Name of Group (Village, Clan, Tribe, Association, etc.)	
Name of another Group Leader (This person is to sign documents on behalf of the group)	
Signature	

If company/group is incorporated  
Execute under seal



Dated this  day of  200

Chairman	Secretary

**E** If you are a witness for a **Marksmen** please ensure all details below are correctly completed.

I certify that this document was read over to the applicant and that he/she/they understood fully the effect of it; affixed is his/her/their mark in my **Presence** and supplied the following information for **Identification** purposes.

Witness		
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----- Name ----- Signature -----

**Office Use Only**

IDENTIFICATION		AMOUNT PAYABLE	KINA(K)
RECEIVING DATE		BASIC PRICE PER UNIT	
VERIFYING OFFICER		NUMBER OF UNITS	
OFFICER'S SIGNATURE		LESS MANAGEMENT FEE	
		AMOUNT PAYABLE TO APPLICANT	