

Merchant Biotech Fund Redemption Request Form



PLEASE USE BLOCK LETTERS TO COMPLETE THIS FORM

Please complete this form and send to:

Biotech Capital Management Pty Ltd
PO Box 883
Nedlands WA 6909
Email: info@merchantfm.com.au

1. Investor Details

Account Name(s)

Designation

Investor number

2. Contact Details

Address

Daytime Telephone
No.

3. Transaction Details

Full Withdrawal

Units

Partial Withdrawal

\$

or

Units

4. Payment Instructions

By Cheque payable to Investor(s) and mailed to registered address

By Cheque payable to third party (please provide details below):

Payee name

Payee Address

Direct Credit to the following account:

Financial Institution

Branch

Account Name

BSB

Account Number

5. Signatures

Investor 1 or Director Name

Signature

Investor 2 or Director Name

Signature

Date

If signed under Power of Attorney, the Attorney encloses a
Certified Copy of Power of Attorney and declares that he/she has
not received notice of revocation of that power

For further assistance please call Biotech Capital Management on (08) 6277 0050.

CIP Licensing Limited ABN 63 603 558 658 AFSL 471728