



Opis Capital Limited
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Investment Number

REDEMPTION FORM

A. Investor Details

Individual/Joint Applicant No.1

Title Given Name(s) Surname

Joint Applicant No.2

Title Given Name(s) Surname

Company/Fund/Trust Name

Name

Designated account
e.g. <super fund a/c>

B. Redemption

	Number of Units		Dollar Value
Opis Capital Concentrated Equity Fund – Redemption Amount	<input type="text"/>	OR \$	<input type="text"/>
Opis Capital 200 Equity Fund – Redemption Amount	<input type="text"/>	OR \$	<input type="text"/>

Reason for Redemption (optional)

Payment by: Cheque to Postal Address Direct Bank Deposit

C. Payment Details

Address (For payment by cheque)

Street Number Street

Suburb/City State Postcode

Country

Bank account details (Only for direct bank deposit)

Account Name Bank

Branch BSB Acc No.

D. Signature

*All joint unitholders must sign unless sole signatory authority has been provided. Redemptions on behalf of companies must be executed under seal, or by two directors, or one director and he secretary, or in the case of single director companies, by that director. Alternatively, redemptions may be signed under a power of attorney.

Signature* Signature*

Print Full Name Print Full Name

Date Date