

REDEMPTION REQUEST
CARNELIAN STRUCTURAL SHIFT FUND



Application Date			
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UNITHOLDER DETAILS					
First Unitholder Name					
Second Unitholder Name					
Third Unitholder Name					
Folio No		Unit Class		Units Held	
Distributor (If any)				RM Name	

REASONS		
<input type="checkbox"/> Need Funds for personal reasons	<input type="checkbox"/> Repayment of Mortgage	<input type="checkbox"/> Others _____

REDEMPTION DETAILS				
Full Redemption	<input type="checkbox"/> All Units			
Partial Redemption	No of Units		Amount	(In Figures)
				(In Words)

BANK DETAILS			
<input type="checkbox"/> Please credit the redemption proceeds in the below mentioned Registered Bank account as per your record.			
<input type="checkbox"/> Please ignore the registered Bank account and instead credit the redemption proceeds in the below mentioned Bank account:			
Account holders Name			
Name of the Bank		Bank Branch	
Bank Address			
Account no		Account Type	
IFSC			

Other Important Instructions

- Signature of all the unitholders is required in case of joint holding.
- In case of Non individual please affix stamp as well along with signature of the Authorised signatory.
- In case of POA account, signature and stamp of the POA holder is required.
- Bank details for redemption proceeds are mandatory to be provided with this request.
- In case of change in the bank details, please provide a preprinted cancelled cheque copy of the Primary account holder shall must be attached with this request. No third-party bank details shall be accepted.

First Unitholder Name	Second Unitholder Name	Third Unitholder Name
Signature	Signature	Signature

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DECLARATIONS & UNDERTAKINGS

I/We hereby confirm and declare as under:

- I/We have read and understood the terms and conditions mentioned in the Private Placement Memorandum & Contribution Agreement for the said scheme, and accordingly applying for Redemption.
- I/We hereby declare that the details furnished above are true and correct to the best of my / our knowledge and I / We undertake to inform you any changes there in immediately. In case any of the information is found to be false or untrue or misleading or misrepresentative, I/We am/are aware that I/We may be held liable for it.
- I/We understand that the terms and conditions of the Private Placement Memorandum will continue to remain in force to the extent applicable. Further, in case of full redemption, I/we understand that i/we shall not be eligible for any distribution proceeds arising out of any returns in the Fund in future.
- In the event of full redemption, I / we understand that the Contribution Agreement shall stand terminated.
- I/We understand that:
 - ✓ The fund shall be open for the redemption every calendar quarter and the last date of each calendar quarter shall be considered as Exit date and units are redeemable only at NAV (Post Tax) on that date.
 - ✓ I understand that NAV per unit for my/our unitclass as appearing in the Statement of Account (SOA) on such Exit Date is Pre-Tax NAV and appropriate Income Tax towards realized and unrealized gains not deducted upto that date shall be deducted from it.
 - ✓ The Gross Redemption proceeds after deduction of Income Tax is also subject to any other deduction as per the terms of the PPM e.g. Performance Fees, GST, Default penalty, Exit load, Tax Reserves, Contingency Reserves (As may be applicable).
 - ✓ Redemption proceeds shall be paid to me/us within 15 working days after such exit date.
- I/We fully understand that the Investment Manager has full discretion to accept or reject this Redemption Request in full or part and I will have no objection whatsoever to the said decision of the Investment Manager.

First Unitholder Name	Second Unitholder Name	Third Unitholder Name
Signature	Signature	Signature

FOR CARNELIAN USE			
Date of Receipt		Request ID	
App. Processed By		Redemption Date	
Approved By		Date of Payment	
Approver Signature		Remark	