

Repurchase (Redemption) / Cooling-Off Form (Individual)

Level 13, Menara IQ, Lingkaran TRX, Tun Razak Exchange, 55188 Kuala Lumpur

Tel:603-9767 6000 Fax: 603-9767 6001 Serial no: RD 99999 A

Website: www.kaf.com.my

Investor(s) should read and understand the contents of the relevant master prospectus(es)/ prospectus(es) and its supplementary(ies) (if any) [collectively shall be referred to as Disclosure Document] regarding the terms and conditions on repurchase (redemption) of units and/or cooling-off transaction(s).

Please complete in BLOCK LETTERS only, and tick($\sqrt{}$) where applicable. KAF Investment Funds Berhad shall be referred to as **KAF IF** in this Repurchase (Redemption) / Cooling-Off Form.

(Redemption) / Cooling-On Form.																					
1. PARTICULARS OF INDIVIDUAL/PR	NCIPAL /	APPLIC	CANT																		
Name of Individual/Principal Applicant																					
(as per NRIC / Passport /Others)																					
New NRIC No. / Passport No / Others																					
Handphone No. (mobile)																					
Email Address																					
2. PARTICULARS OF JOINT APPLICANT																					
Name of Joint Holder																					
																	\Box				
(as per NRIC / Passport /Others)																					
New NRIC No. / Passport No / Others																					
Handphone No. (mobile)																					
Email Address																					
3. DETAILS OF REPURCHASE																					
Note:																					
 Please refer to the minimum repurchase of units of the respective funds as stated in the Disclosure Document. 																					
• If following a repurchase request leaves you with less than the minimum investment balance as stated in the Disclosure Document, KAF IF has the																					
option to liquidate the balance of th	e units he	eld in yo	our fur	nd's a					the pr	rocee	ds to	you a	ccor	dingly	' .						
- IN					REP	URC	HASE			1									- DI 4		
Fund Name No of Units Amount in RM																					
1.																					
2.																					
3.																					
TOTAL:																					
4. DETAILS OF COOLING-OFF REQUEST																					
Note: Partial cooling-off request is NOT accepted.																					
					COO	LINC	3-OFI	-													
Fund Name						Amount in RM															
1.																					
2.																					
3.																ĺ					
TOTAL:																					
5. BANK ACCOUNT DETAILS FOR RE	DEMPTIC	ON PA	/MEN	Т																	
Note: For Joint Account, both Principal proceeds to be credited into a single acc	Applicant				ant a	re re	quire	d to s	sign t	his R	epur	chase	(Red	demp	tion)	/ Cod	oling-C	Off Fo	orm s	hould	I the
Bank Name:		1								ı											
Dank Name.		+			\vdash																
Pank Assaunt Halder Name:		+																			
Bank Account Holder Name:		+															\vdash	\vdash			
Towns of Assessment			\		ш	Δ.		<u> </u>					<u> </u>			_	\square				
Type of Account:	☐ Curre	ent ⊔ S	·	,			ount C					ngle l									

- I/We acknowledge that I/We have read and understood the Disclosure Document for the fund(s) before completing and signing this Repurchase (Redemption) / Cooling-Off Form and I/We agree to abide by the terms and conditions in relation to repurchase of units and/or cooling-off transaction(s).
- (For Joint Accounts), In the absence of written explicit instructions, I/We acknowledge that instruction(s) to repurchase/cooling-off must be given by both of us
- I/We acknowledge and agree that KAF IF reserves the right to accept or reject the application in whole or part without assigning any reasons in respect thereof. I am/We are aware that KAF IF may initiate any form of communications to verify and/or validate the application and I/We will provide the confirmation as required within the prescribed timeframe.

 I/We acknowledge that confirmation advices, statements be at my/or own risk. In the event that I/We fail to notif calendar days from the date of issuance, I/We shall be KAF IF for such case. 	y KAF IF in writing of any discrepancy in the o	confirmation advice and/or statement within 90
 I/We hereby agree to indemnify KAF IF against all act connection with or in any manner out of KAF IF acting as a result of any inaccuracy of the declarations herein. 		
Name of Individual/Principal Applicant:	Name of Joint Applicant:	
Date:	Date:	
Important: Pre-signing of forms relating to investmen	nts is strictly prohibited.	
6. FOR DISTRIBUTOR AND SALES & MARKETING USE OF	NLY	
Submitted by:	Attended by Sales & Marketing:	
Name:	Name:	
UTC Code:		
Date:	Date:	
7. FOR OFFICE USE ONLY		
Account No.	Trans. No.	Price (RM)
Processed by:	Checked by:	
Name:	Name:	
Date:	Date:	