

Application No. _____

for Redemption of Share Certificates of CBL Opportunities Funds

Personal/Company Details

First Name, Surname / Company Name

Personal ID Code / Registration Number

Identification Document's series and number

Date of Passport Issue / Company Registration Date

Issuing Country

Residence Address/Registered Address

Authorised Person (first name, surname)

Code

Telephone

E-mail

Deal confirmation method:

In Citadele Bank branch

By e-mail

No confirmation

Account No.

CBL Asset Management IPAS

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Financial and Capital Market Commission license no. 06.03.07.098/367

Investment Fund	Redemption mode	
	Redemption of a fixed number of share certificates	Redemption of share certificates for a specific money amount

CBL Opportunities Funds

CBL Prudent Opportunities Fund – EUR ISIN code – LV0000400372 Current account no. LV37PARX00050441141, AS "Citadele banka"	amount in numbers	amount in numbers EUR
	amount in words	amount in words EUR
CBL Optimal Opportunities Fund – EUR ISIN code – LV0000400398 Current account no. LV33PARX0005044221141, AS "Citadele banka"	amount in numbers	amount in numbers EUR
	amount in words	amount in words EUR
CBL Optimal Opportunities Fund – USD ISIN code – LV0000400984 Current account no. LV05PARX0021127381141, AS "Citadele banka"	amount in numbers	amount in numbers USD
	amount in words	amount in words USD
Issue account no. 0012 4790 AS "Citadele banka"		

The undersigned declares and takes legal responsibility that the information provided in this application is accurate to the best of his/her knowledge and belief. With his/her signature the undersigned confirms that he/she has carefully read and is aware of, understands and accepts the provisions of the Funds' Prospectus and Rules. By signing this application the undersigned confirms, that he/she understands the investment strategy and is aware of all possible risks related to investment in the Fund.

Declaration and Signatures

First Name, Surname

Signature/Company Seal

Special provisions and comments

Application received by:

Distributor

First Name, Surname

signature

Date: _____ Time: _____

DD/MM/YYYY