

## REDEMPTION REQUEST FORM

This form should be completed and sent to:

**IC Realty Ltd**

Address: 4 Annis Komninis Street  
Solea Building, 2<sup>nd</sup> Floor, Office 202  
1060 Nicosia, Cyprus  
Telephone: +357 22 026196  
Fax: +357 22 026197  
E-mail: [info@icaifm.com](mailto:info@icaifm.com)

*Redemption request form duly completed should be sent to the address shown above by fax or electronic mail and original to follow by registered post or by hand. The External Manager reserves the right to transfer the funds to the applicant's account indicated in the Initial Application Form.*

### 1. Investor's Details

I/we, the undersigned Investor currently hold in \_\_\_\_\_ the Participating Shares denoted below:

Full Name of Investor:	
Details of Subscription:	
Details of Participating Shares:	

### 2. Declaration

I/we, the undersigned Investor, hereby request redemption of \_\_\_\_\_ Participating Shares of \_\_\_\_\_ as of the next Valuation Date under the terms and conditions set forth in the "Redemption and Redemption Date" section of the Fund's Private Offering Memorandum. Words and phrases defined in the Offering Memorandum shall have the same meaning where used in this Redemption Request Form, unless the context otherwise requires.

I/we, the undersigned Investor, further represent and warrant that I/we am/are the sole record holder and beneficial owner of the Participating Shares, free and clear of any and all liens, pledges, restrictions, options, rights of first refusal, encumbrances, charges, proxies, powers of attorney, agreements or claims of any kinds whatsoever and I/we have the legal right, power and authority to redeem Participating Shares.

I/we understand that the Fund will not pay any redemption proceeds unless or until satisfied with the results of its verification/due diligence procedures.

**3. Bank Details**

Please specify the bank account details that the redemption proceeds will be paid to. The account must be in the name of the registered holder of Participating Shares. Under the normal circumstances, the External Manager reserves the right to transfer the funds to the applicant's account indicated in the Initial Application Form.

Name of Bank:	
Address:	
Swift Address / Bank Code:	
Account Number:	
Account Name:	

**4. Signature**

Date: \_\_\_\_\_

Witness:  
\_\_\_\_\_

Name of Investor(s) (please print):  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of or on behalf of Witness)

\_\_\_\_\_  
(Signature of or on behalf of Investor)

\_\_\_\_\_  
Name, position (if not an individual)

\_\_\_\_\_  
Name, position (if not an individual)