

☐ Total holding (100%)		Amount in SEK		Number of units
*First name				*Unit-holder No./Personal ID No./Company reg. No.
*Last name/Complete company name				
Email address				
*Country (domicile for tax purposes)	*City/town of birth		*Country of birth	
*Telephone, daytime (incl. country and area codes)	Fax (incl. country and area c	rodes)	*Taxpayer Identification Number (TIN)	
Bank/BIC		*IBAN/Account number		
*Owner of the account				
*Required information				
The request for redemption must be received redemption date. The redemption date is the	•	` ,	C ("HSBC") no	later than two business days before the
A contract note will be issued in conjunction with	th the payment of the red	emption amount.		
I am/We are aware that Lynx Asset Managemen Advice to Consumers or such investment advise not engaged the company to provide any such in	referred to in the Act (20			
HSBC is hereby authorised to verify that I am/w circumstance and I/we also give HSBC permissi			•	the above bank, to HSBC, to confirm such
am/We are aware of the fact that redemption p	proceeds will only be mad	le to an altered bank accoun	nt if I am/we are th	ne holders of the account.
Send the form to: email: lynxorders@hsbc.com	or fax: +353 1 649 75 68.			
Note!  For entities a current certificate of incorpora certified copy of good quality of a passport, na				

Government body showing the photograph and signature of an authorized signatory

For individuals a certified copy of good quality of a passport, national identity card or ID issued by a Government body showing the photograph and signature must be

Individuals who wish to receive the payment in another bank account must enclose an account statement from the bank confirming that the unitholder is the owner of the account, as well as two utility bills confirming the unitholder's address. The copies must be certified. The change will be made when we have verified the new account.

ty/town, date	
gnature, (authorised signatory)	
artification of signature	