

# Transfer order form



## Recipient

Caceis Investor Services Bank S.A.

Transfer Team

Tel. +352 26 05 xx xx

Fax +352 24 60 xx xx\*

\*Please refer to the fund documentation

## Sender

Company name \*

Contact person \*

Tel. \*

Fax

Email

**Date: 24 August 2023**

**Please write clearly in BLOCK CAPITALS**

**\*: Mandatory Fields**

## OUT

**Account number \***

(CACEIS Identifier)

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Dealer | 7 digits account number

**Registered Account name**

\_\_\_\_\_

**If Clearing Account – Please specify**

**Clearstream**

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- **Euroclear**

--	--	--	--	--	--

- **KV**

--	--	--	--	--	--

**ISIN Code \***

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Number of Shares \***

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Whole

.									
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Decimals

**SHS**

☐ Please tick if you want to transfer all shares

Decimal Convention: The decimal separator is represented by a dot (.) and the thousand separator by a comma (,)

## IN

**Account number \***

(CACEIS Identifier)

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Dealer | 7 digits account number

**Registered Account name**

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**If Clearing Account – Please specify**

**Clearstream**

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- **Euroclear**

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- **KV**

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Name \*

Name \*

Signature \*

Signature \*

NOTICE: This communication may contain information which is confidential and/or legally privileged and is intended only for the addressee named above. If you are not the named addressee, this communication has been sent to you in error and you are asked not to read, use or disclose it. We should be grateful if you would contact us immediately so that we can arrange for its return. Thank you.