

LANCELOT SVERIGE A

REDEMPTION FORM

APPLICANT(S)

Surname, First name / Corporate entity name		Date of birth / Corporate registration No
Registered address (Street, P.O Box No etc.)		Contact person
Postal Code and City	Country (tax domicil)	Citizenship
Telephone No	E-mail	

UNITS OR AMOUNT* (choose only one al)

Units (Units or % of total investment)	Amount (SEK)
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REDEMPTION

The Redemption Form must be submitted to Lancelot Asset Management AB **at least five banking days** prior to the last banking day of the month. A submitted Redemption Form is legally binding on the Applicant and shall be sent to the address below, state att: Backoffice or to backoffice@lancelot.se. **Legal entities must enclose a valid copy of the certificate of registration (not older than 6 months) and a copy of passport or ID for persons empowered to sign on behalf of the corporate entity or other document verifying the Applicant's authority to sign for the corporate entity/other legal entity.**

CONTRACT NOTE

A Contract Note will be sent to the registered address as a confirmation of the redemption.

SIGNATURES

Date

We hereby confirm having received this request for redemption.
Date

Signature

Signature
Lancelot Asset Management

* If you have stated an indicative redemption amount the received redemption amount can deviate somewhat from the indicative redemption amount, thus it cannot be guaranteed that the final redemption amount received by the unit holder **exactly** corresponds to the stated indicative redemption amount.