

CYTONN CASH MANAGEMENT SOLUTIONS LLP			
WITHDRAWAL AND ROLLOVER FORM			
I	I Client's Details		
	Name		
	Telephone Number		
	Account Number		
2	Rollover (Tick where applicable)		
	State the amount of cash to be rolled over:		
	Principal Principal + Interest Partial Amount		
	Agreed Rollover Rate "The Guarantee"		
	Period:		
	I Month 3 Months 6 Months I Year		
	Other (Please Specify)		
3	Withdrawal (Tick where applicable)		
	State the amount to be withdrawn:		
	Principal Principal + Interest Partial Amount		
4	Bank Details (For Withdrawal)		
	Bank Name:		
	Bank Account Name:		
	Bank Account No		
	Bank Branch:		
5	GeneralTerms and Conditions		

5: GENERAL TERMS AND CONDITIONS

- A By instructing the Principle partner to "Roll over" the funds, the Partner agrees that these instructions shall be subject to the general terms and conditions of the Partnership Agreement dated 26th September, 2014 and the Partners previous Contribution Agreement.
- B The Applicant is informed that the funds shall take a maximum of three (3) working days to be reinvested with the Cytonn Cash Management Solutions.
- C By executing a partial withdrawal, you make a voluntary withdrawal of that amount of from your

capital contribution in the Partnership. You further confirm that upon payment of these funds, you have no further claims or rights against the partnership, the Fund manager, the partners or any indemnified party as described in the Partnership Deed dated 26th September 2014 with respect to the withdrawn capital contributions.

- D By executing a full withdrawal of all your contribution under Cytonn Cash Management Solutions LLP you confirm that you have voluntarily withdrawn completely from the partnership with effect from the date of the instruction. Upon payment of your capital contribution, you have no further claims or rights against the partnership, the Fund manager, the partners or any indemnified party as described in the Partnership Deed dated 26th September 2014 whether statutory or otherwise.
- E Redemptions will be effected within 5 working days from the date received.

6	Signing Mandate	
Name:		Name:
Signature:_		Signature:
Date:		Date:



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