

SHARE REDEMPTION FORM

Share Redemption: I/We request to the ICFAL BOD the following share redemption.

Membership No:		Member Name(s):	Date:
Mobile Number: Email:		Address:	
Do you have any finance with ICFAL currently? Yes / No (please circle) If yes, please mention the type of finance (property/vehicle):		Have you redeemed your share(s) or submitted any share redemption application to ICFAL in last 30 days? Yes / No (please circle) Date of birth: ____/____/____ (primary member) Date of birth: ____/____/____ (joint member, if operated jointly)	
Number of shares to be redeemed: Face value of share(a) to be redeemed in word:			Amount: \$
<input type="checkbox"/> Direct payment to Bank account (fill below)		<input type="checkbox"/> Internal Transfer to another membership account of ICFAL (see below)	
Other instructions (if any):	Bank Name:	BSB:	
	Account Number:	Account Name:	
Internal transfer to:	Beneficiary Membership number:	Beneficiary Member Name:	
By the cooperative rules a Share Redemption of more than \$5,000 requires a minimum 30 days' notice.			
Do you have an urgency or emergency that requires the above rule to be exempted? <input type="checkbox"/> Yes (Go to question 2 on the right) <input type="checkbox"/> No (Proceed to sign)		2) What is the reason for urgency or emergency? Also provide evidence. What is the latest date you require the funds? / / (DD/MM/YY)	
<u>Instructions and Conditions:</u>			
<ol style="list-style-type: none"> 1. Please complete the whole form carefully and correctly to avoid any delays or issues in processing. 2. Please note ICFAL is not responsible or liable for any error in payments occurred due to wrong account details provided in this form or associated email. 3. Please provide supporting documents for your claim of urgency and emergency against share redemption of more than \$5,000 value within 30 days of submission. Generally, an emergency is defined as extraordinary financial stresses that occur in natural living situations unplanned or accidental. 4. At any time, if total share redemption request exceeds the available liquid funds, ICFAL has the rights to defer redemption to avoid any shortfall in liquidity position. 5. If the account is operated jointly then both members need to sign the form. 6. ICFAL is unable to pay by cheque or cash. 7. If member is holding a Children Fund, member's parent or official guardian needs to sign and redeem share(s) on behalf of the child member. 8. Internal transfer means transfer to another member of ICFAL or another membership number of the same member. Must provide both, beneficiary membership number and full name. 9. ICFAL strongly recommend member to keep minimum 5 shares of \$100 each for active membership. 10. Please send the completed form by email, fax or post to ICFAL PO Box address. 			
<u>By signing, I/we understand and agree to the above</u>			
Primary Member's Signature:		Joint Member's Signature*:(If account operated jointly)	
<u>OFFICE USE ONLY:</u>			
Current Balance:		Application verified by:	
Due Date:		Payment date:	