NJ GLOBAL OPPORTUNITIES FUND CLASS A

(a public company incorporated in Mauritius with limited liability)

(TRANSFER FORM)

Cim Fund Services Ltd, 33, Edith Cavell Street, Port Louis, Republic of Mauritius Tel: +230 212 9800 Fax: +230 212 5265, E-mail: investments@njgof.com

- [1] The Investor and Transferee must complete and Execute the Transfer Form, which must be receipt to the Administrator through the Facsimile or Scanned Copy, along with all required documents as per conditions of this Form and the Fund Documents.
 [2] The Originals of duly executed Transfer Form and required documents must be received within 30 days from date of transfer of
- [3] Your client account number can be found on your contract notes or statements

participating shares

	Client Account Number:					
	Investor Name: Mr.	Mrs. M/s				
	Second Investor Name:					
	Investor Name: Mr.	Mrs. M/s				
Third Investor Name:						
	Investor Name: Mr.	Mrs. M/s				
TRANSFEREE INFORMATION						
	Tick here if you are not an existing account holder. You will be required to complete a Subscription/ Account Opening form and submit the necessary documents as per Subscription/ Account Opening form to open an account so the transfer process can be initiated.					
	initiated.			·		
	initiated. Existing Account Holder:					
	Existing Account Holder:	Mrs. M/s				
	Existing Account Holder: Client Account Number:	Mrs. M/s				
	Existing Account Holder: Client Account Number: Investor Name: Mr.	Mrs. M/s Mrs. M/s				
	Existing Account Holder: Client Account Number: Investor Name: Mr. Second Investor Name:					
	Existing Account Holder: Client Account Number: Investor Name: Second Investor Name: Investor Name: Mr.					
	Existing Account Holder: Client Account Number: Investor Name: Mr. Second Investor Name: Investor Name: Mr. Third Investor Name: Investor Name: Mr.	Mrs. M/s				
	Existing Account Holder: Client Account Number: Investor Name: Mr. Second Investor Name: Investor Name: Mr. Third Investor Name: Investor Name: Mr. Mr. Mr. ANSFER DETAILS	Mrs. M/s Mrs. M/s	No.of Shares	Transfer amount		
TRA Sr. No.	Existing Account Holder: Client Account Number: Investor Name: Mr. Second Investor Name: Investor Name: Mr. Third Investor Name: Investor Name: Mr. MSFER DETAILS Current	Mrs. M/s Mrs. M/s	No.of Shares to transfer	Transfer amount (in words)		

Plea	ase state the nature of the relationship betwe	een transferor(s) and transferee(s) (man	datory for retail Investors)		
Plea	ase state the reason for the transfer (mandat	ory for retail Investors)			
SIC	GNATURE AND DECLARATION				
[1] [2] [3]	All Parties to this Form must duly sign. The Transferor and the Transferee shall comply with conditions and obligations laid down under the Transfer Form, Subscription/Account Opening Form and the Fund documents. The Fund reserve the right to accept or reject the Transfer Form in accordance with the Transfer Form, Subscription/Account				
[4] [5] [6]	The Transferor and the Transferee undertakes that all information provided in this Form is correct and true in nature.				
[7]	··				
TR	PRIMARY HOLDER	SECOND HOLDER	THIRD HOLDER		
TR	ANSFEREE SIGNATURE				
	PRIMARY HOLDER	SECOND HOLDER	THIRD HOLDER		
	DATE PL	ACE			