

1. ORGANISATION DETAILS

Registered name*	<input type="text"/>
Investor number	C- <input type="text"/>
Investment number*	I- <input type="text"/>
Name contact person*	<input type="text"/>
Email address contact person*	<input type="text"/>

2. REDEMPTION

We would like to redeem and close my/our OISF investment account (please contact us at canada@oikocredit.org if you wish to redeem partially)

What would you like to do with the full **redeemed** amount?*

Donate to Stichting Oikocredit International Support Foundation (ISUP) (to fund capacity building programs)

Pay into our bank account

Select your preferred **dividend** setting*

Donate to Stichting Oikocredit International Support Foundation (ISUP) (to fund capacity building programs)

Pay into our bank account

3. TRANSFER INFORMATION

Bank name*	<input type="text"/>
Bank address*	<input type="text"/>
Bank Account number*	<input type="text"/>
BIC/SWIFT	<input type="text"/>
Branch transit number	<input type="text"/>
3-digit institution number (if applicable)	<input type="text"/>

**If your bank is at a Credit Union please also provide details of the Correspondent Bank (contact your Credit Union for details regarding receiving international wire transfers):*

Correspondent Bank name	<input type="text"/>
Bank address	<input type="text"/>
BIC/SWIFT	<input type="text"/>
Transit number	<input type="text"/>
Account number	<input type="text"/>

Please return this form by email to:

canada@oikocredit.org

www.oikocredit.ca

+ 1.647.546.2393

Stichting Oikocredit International Share Foundation
300 192 Spadina Ave
Toronto ON M5T 2C2
Canada

4. REQUIRED DOCUMENTATION

- Copy of proof of bank account*

Send a copy of a bank statement or copy of the digital bank statement (showing name and account number) or copy of a void cheque. Document should be current and no older than 3 months. For non-EU bank accounts, please send a formal letter that includes an instruction for international wire transfer provided by the bank.

- Copy of registry for your type of organization*

Send a copy not older than 3 months. The information to be reflected in the extract is the entity's identification data (company name, registered office...), data on its activity and data on its legal representatives and composition of the administrative bodies. If the extract does not contain such data OISF will request additional documentation to verify this information.

Please note that we might contact you directly if additional documentation is necessary.

5. DECLARATIONS

To the best of my/our knowledge and belief, all the information I/we have provided in this form is accurate and correct. Furthermore, I/we state that I/we am/are acting on my/our behalf.

6. SIGNATURES

Signee (1)

Full name

Signature

Place

Date (DD/MM/YYYY)

Signee (2)

Full name

Signature

Place

Date (DD/MM/YYYY)