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P.O. Box 20092-00100, Nairobi
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MADISON INVESTMENT MANAGERS LIMITED WITHDRAWAL AND SWITCH FORM

Date_____

Section A - Investor Details

Unit Holder No_____

Surname_____

Other Name(s)_____

Section B - Withdrawal

Is this amount a full withdrawal?

☐

Yes

☐

No

Reason for withdrawal._____

Please Indicate the Amount

FUND NAME:	AMOUNT (KES)	AMOUNT IN WORDS
Madison Money Market Fund		
Madison Equity Fund		
Madison Balance Fund		
Madison Hifadhi		
Madison Zalisha		
Madison Shujaa		
Segregated Account		

Section C - SWITCH

FUND NAME:	SWITCH FROM (Fund)	SWITCH TO (Fund)	AMOUNT
Madison Money Market Fund			
Madison Equity Fund			
Madison Balance Fund			
Madison Hifadhi			
Madison Zalisha			
Madison Shujaa			
Segregated Account			

Section D - SIGNING

Signature_____

Signature_____

Signature_____

Section E - FOR OFFICIAL USE ONLY

Received Stamp

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Call back by:_____

Poster by:_____

Confirmed by:_____