

Transfer of fund units of Adrigo Small & Midcap L/S – Form 1

- signed by current unit holder

- Transfer of fund units can only be made the last banking day of each month

- Adrigo Asset Management AB (the Fund Management Company) must receive the transfer notice, both Form 1 and Form 2, at the latest three banking days before the last banking day of each month. The Fund Management Company has the right to charge the fund unit holder a fee of a maximum of SEK 1,500.

Number of fund units for transfer

Number of fund units, amount in SEK or % of holdings*	Date of transfer (only on the last banking day of the month)
Reason for transfer	

* Entire fund-unit holding = 100%

Current Unit holder

Family name, first name/Company name	Personal ID No/Corp Reg No
Address	Post code/Zip code, City
Contact person/e-mail address	Country (if other than Sweden)

Guardian (if applicable)

Guardian name	Guardian's personal identification number
Guardian name	Guardian's personal identification number

New Unit Holder

Family name, first name/Company name	Personal ID No/Corp Reg No
Address	Post code/Zip code, City
Country (if other than Sweden)	Residence for tax purposes (if other than Sweden)
Contact person/e-mail address	Telephone no

Please confirm that it is NOT a change in beneficial ownership

Yes

No (Please note that the new Unit Holder has to fill in our normal subscription form, and attach it to Form 2 of the Transfer Form)

.....
Place

.....
Date

.....
Signature, Current Unit Holder

.....
Printed name

The application shall be sent to Adrigo Asset Management AB, by email to the following address admin@adrigo.se or by fax to +46 8 505 887 70. All original documents shall be sent by mail to the Adrigo Asset Management AB, Grev Turegatan 14, SE-114 46 Stockholm, Sweden.



Adrigo Asset Management AB
Grev Turegatan 14 • SE-114 46 Stockholm • Sweden
Tel +46 8 505 887 00 • Fax +46 8 505 887 70
www.adrigo.se

Registered office: Stockholm • Reg no 556716-4719
Regulated by the Swedish Financial Supervisory Authority

Transfer of fund units of Adrigo Small & Midcap L/S – Form 2

- signed by new unit holder

- Adrigo Asset Management AB (the Fund Management Company) must receive the transfer notice, both Form 1 and Form 2, at the latest three banking days before the last banking day of each month.

Number of fund units to receive

Number of fund units, amount in SEK or % of holdings*	Date of transfer (only on the last banking day of the month)
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* Entire fund-unit holding = 100%

Current Unit Holder

Family name, first name/Company name	Personal ID No/Corp Reg No
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New Unit Holder

Family name, first name/Company name	Personal ID No/Corp Reg No
Address	Post code/Zip code, City
Country (if other than Sweden)	Residence for tax purposes (if other than Sweden)
Contact person/e-mail address*	Telephone no

*Will receive our monthly letter

- I prefer to download the Annual Report and the Half Year Statement from the website www.adrigo.se
 I prefer to receive the Annual Report and the Half Year Statement by mail sent to the address above

Guardian (if applicable)

Guardian name	Guardian's personal identification number
Guardian name	Guardian's personal identification number

Bank Account to receive future payments from the Fund

Bank	Clearing number	Account number
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I/we declare that I/we have read, understood and accepted the fund regulations and that the information provided herein is correct. I/we declare to promptly notify Adrigo Asset Management AB of any changes, e.g. moving abroad, changes of addresses, bank accounts etc. If the application concerns a corporate body, certificates of registration and a list of signatories have to be enclosed. If the application concerns a natural person a certified copy of valid identification documentation has to be enclosed.

.....
Place

.....
Date

.....
Signature, New Unit Holder

.....
Printed name

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