## **SHARE REDEMPTION 12**

# **Application Form**

Name
Address
Address
Address
Address

Address

OFFICE USE ONLY	<b>OF</b>	FI	CE	USE	ONLY	
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SRS No.	
SC No.:	
SRN.:	
No. of Shares:	
Share Class	

I/We agree to the terms and conditions set out in the Letter of Offer by the Society. I/we confirm that I/we have obtained independent financial legal and tax advice prior to the signature of this Share Redemption Form and furthermore that this Share Redemption is being carried out in good faith by Kerry Co-operative Creameries Limited and that on receipt of monies as may be due, such monies shall be in full and final settlement of any claim against Kerry Co-operative Creameries Limited and I/we hereby indemnify Kerry Co-operative Creameries Limited fully against all claims, cost or expenses in this regard. I/We understand that this Share redemption scheme is an Income tax event and all monies from this event shall be subject to Income Tax, PRSI and USC.

Print Shareholder/Joint Shareholders Name(s)	Signature of Shareholders
Shareholder Telephone Number	
Amount of shares to redeem	
Tax Advisor Name and Telephone number	

#### Return this form with...

- the original Share Certificate
- proof of I.D. for each Shareholder
- · proof of address for each Shareholder
- Completed bank mandate form
- by 4:00pm, Friday the 25th October 2024, to:

Share Redemption Department, Kerry Co-operative Creameries Limited, FBD House, Fels Point, Dan Spring Road, Tralee, Co. Kerry. V92 RW5W

Telephone: (066) 7128571.

### **NO SHARE CERT - NO REDEMPTION**



0	FFICE USE ONLY:	
	I.D.	I.D.
	Address	Address
	Mandate	Mandate
	Checked by:	Checked by:



# SHARE REDEMPTION PAYMENT INSTRUCTION FORM

\*\*\* Please complete ONLY, if you wish to CHANGE or have NOT submitted your bank account details. \*\*\*

I/We, the undersigned holder(s) of the ordinary shares registered in the account, hereby request Kerry Co Operative Creameries Limited to forward, all Share Redemption Monies that may from time to time become payable on those shares, to the financial institution account designated below.

BANK																									
BRANCH ADDRESS  A/C NAME																									
BIC																									
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IBAN																									
S	SRN														_										
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Sharehol	der	(1) _												S	ha	rel	nol	der	· (:	3) _				_	
Sharehol	der	(2) _												9	Sha	are	ho	lde	r (4	4) _				_	

All shareholders or legal representatives must sign as registered with Kerry Co- Operative Creameries Limited. In the case of a body corporate, this document must be executed under seal and/or be signed on it's behalf by it's duly authorised officer or attorney.