

RELEASE AND INDEMNITY FORM

Date:

To: **UNIT TRUST OF FIJI (MANAGEMENT) LIMITED**
a duly incorporated company having its registered office situated at Level 2,
Provident Plaza 1, Ellery Street, Suva, also known as Unit Trust of Fiji
(UTOF)

From: Investor Name:
Occupation:
Address:
Phone: Fax:
Email:

THIS IS AN IMPORTANT DOCUMENT. YOU MUST CAREFULLY READ THE ENTIRE DOCUMENT BEFORE SIGNING IT. IF YOU DO NOT UNDERSTAND ANY PART OF IT YOU SHOULD CONTACT YOUR LAWYER FOR FURTHER INFORMATION. BY SIGNING THIS RELEASE AND INDEMNITY YOU ARE GIVING UP CERTAIN LEGAL RIGHTS.

1. Upon my request UTOF will release (state how much) active units at the (state amount) market price standing in the name of and for the benefit of (state name, address and details of the units and unit holder) ("Activity"), I/we agree to the following terms and conditions:

- (a). I hereby assume full responsibility for any and all risk arising in any manner from my participation in the Activity.
- (b). I, my heirs, executors, administrators, personal representatives, successors or assigns hereby release and forever discharge UTOF and its respective subsidiaries, parent companies, related companies, affiliates, officers, regents, directors, employees, suppliers, agents, representatives, volunteers and contractors (collectively referred to as the "Releasees") from any and all manner of actions, causes of action, suits, debts, dues, accounts, bonds, covenants, contracts, claims and/or demands whatsoever which any party has or may hereafter have, arising in any manner out of my participation in the Activity.
- (c). I, my heirs, executors, administrators, personal representatives, successors or assigns hereby undertake to indemnify UTOF and/or the Releasees from any and all manner of actions, causes of action, suits, debts, dues, accounts, bonds, covenants, contracts, claims and/or demands whatsoever which any party has or may hereafter have, arising in any manner out of my participation in the Activity.

2. I hereby expressly agree that this document is intended to be as broad and inclusive as is permitted by the laws of Fiji and that if any portion thereof is held invalid, that the balance shall, notwithstanding, continue in full legal force and effect.

I CONFIRM THAT I HAVE FULLY READ AND UNDERSTOOD ALL PARTS OF THIS DOCUMENT AND SIGNED IT VOLUNTARILY AND FURTHER ACKNOWLEDGE AND AGREE THAT NO REPRESENTATIONS, STATEMENTS OR INDUCEMENTS HAVE BEEN MADE TO ME.

IN WITNESS WHEREOF I have signed this Release and Indemnity Form.

SIGNED by in the)
presence of:)

Signature of Witness

Name
Address
Occupation

(You must have another person to witness your signature and fill in this half of the form.)