

CUBIC PROPERTY FUND LIMITED – UK AND EUROPEAN FUND (THE ‘FUND’) REDEMPTION REQUEST

To: Cannon Asset Management Limited re Cubic Property Fund
Kingsway House
Havilland Street
St Peter Port
Guernsey
GY1 2QE
Fax: [44] (1481) 726142 Tel: [44] (1481) 726141

1. Redemption of Participating Shares ("Shares")

Please redeem the following number of Shares
as at the next Redemption Day: _____

OR

Please redeem sufficient Shares to realise
as at the next Redemption Day the following amount: _____

Redemption requests must be received by the Administrator by 4pm GMT, 20 (twenty) business days prior to the valuation date on which the redemption is to take place. Minimum redemption amount is £5,000 and redemption charges may apply. Please see the Company Prospectus and Fund Supplement for details.

2. Payment of Redemption Proceeds

Please pay the redemption proceeds to the bank account designated on the Subscription Form.

OR

Please pay the redemption proceeds to the following bank account:

Name of Account	
Account Number	Bank Sort code / Swift code
Name and Address of Bank	

In the event of the Applicant wishing the redemption proceeds to be paid to a bank account differing from that designated on the Subscription Form, the Applicant should submit with this form sufficient evidence to satisfy the Administrator that the change in the designated bank account is duly authorised and otherwise lawful and valid.

3. Self Certification Form

If you have not completed the Self Certification Form please refer to Appendix 1 for Individual Self-Certifications or Appendix 2 for Entity Self-Certifications.

If you have completed the Self Certification Form please confirm by ticking the box that no changes have occurred whereby information in your original Self Certification Form is no longer valid.

If changes have occurred to the original Self Certification Form please ensure that you complete the Self Certification Form please refer to Appendix 1 for Individual Self-Certifications or Appendix 2 for Entity Self-Certifications.

4. Signatures	
Signature	Date
Name in BLOCK CAPITALS	
Shareholder name:	Shareholder no:
Capacity (delete item not applicable) Individual/Corporate representative	
Signature	Date
Name in BLOCK CAPITALS	
Shareholder name:	Shareholder no:
Capacity (delete item not applicable) Individual/Corporate representative	

APPENDIX 1

Individual Self-Certification

Instructions for completion

We are obliged under the intergovernmental agreements ("IGAs") entered into by the States of Guernsey to Improve International Tax Compliance and in relation to the automatic exchange of information for tax matters (collectively "FATCA") and any laws, regulations or guidance issued by the States of Guernsey enacted or to be enacted to implement such agreements, to collect certain information about each account holder's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be obliged to share this information with relevant tax authorities. Terms referenced in this Form shall have the same meaning as applicable under the relevant IGA, Regulations and/or Guidance Notes.

If any of the information below about your tax residence or FATCA classification changes in the future, please ensure you advise us of these changes promptly. If you have any questions about how to complete this form, please contact your tax advisor.

Please note that where there are joint account holders each investor is required to complete a separate Self-Certification form.

Section 1: Account Holder Identification

Account Holder Name _____ Date of Birth (dd/mm/yyyy) _____ Country of Birth _____

Permanent Residence Address:

Number & Street _____ City/Town _____

State/Province/County _____ Post Code _____ Country _____

Mailing address (if different from above):

Number & Street _____ City/Town _____

State/Province/County _____ Post Code _____ Country _____

Section 2: Declaration of U.S. Citizenship or U.S. Residence for Tax purposes

Please tick either (a) or (b) or (c) and complete as appropriate.

- (a) I confirm that **I am** a U.S. citizen and/or resident in the U.S. for tax purposes (green card holder or resident under the substantial presence test) and my U.S. federal taxpayer identifying number (U.S. TIN) is as follows:
_____.
- (b) I confirm that I was born in the U.S. (or a U.S. territory) but am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.
- (c) I confirm that **I am not** a U.S. citizen or resident in the U.S. for tax purposes.

Complete section 3 if you have non-U.S. tax residencies.

Section 3: Declaration of Tax Residency (other than U.S.)

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number type and number applicable in each country).

Country/countries of tax residency	Tax reference number type	Tax reference number

Section 4: Declaration and Undertakings

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

Signature: _____

Date: (dd/mm/yyyy): _____

APPENDIX 2

Entity Self-Certification

Instructions for completion

We are obliged under the intergovernmental agreements (“IGAs”) entered into by the States of Guernsey to Improve International Tax Compliance and in relation to the automatic exchange of information for tax matters (collectively “FATCA”) and any laws, regulations or guidance issued by the States of Guernsey enacted or to be enacted to implement such agreements, to collect certain information about each account holder’s tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be obliged to share this information with relevant tax authorities. Terms referenced in this Form shall have the same meaning as applicable under the relevant IGA, Regulations and/or Guidance Notes.

If any of the information below regarding your tax residence or FATCA classification changes in the future, please ensure you advise us of these changes promptly. If you have any questions about how to complete this form, please contact your tax advisor.

Section 1: Account Holder Identification

Account Holder Name	Date of Incorporation/Organization	Country
---------------------	------------------------------------	---------

Registered Address:

Number & Street	City/Town
-----------------	-----------

State/Province/County	Post Code	Country
-----------------------	-----------	---------

Mailing address (if different from above):

Number & Street	City/Town
-----------------	-----------

State/Province/County	Post Code	Country
-----------------------	-----------	---------

Section 2: U.S. or United Kingdom Persons

Please tick and complete as appropriate.

- (a) The entity is a **Specified U.S. Person** and the entity’s U.S. federal taxpayer identifying number (U.S. TIN) is as follows:
_____.
- (b) The entity is a U.S. Person that is not a Specified U.S. Person. Indicate exemption¹ _____.
- (c) The entity is a **Specified United Kingdom Person** and the entity’s United Kingdom identifying tax number is as follows:
_____.
- (d) The entity is a United Kingdom Person that is not a Specified United Kingdom Person. Indicate exemption²
_____.

Complete Section 3 if you have non-U.S. or non-UK tax residencies.

Section 3: Declaration of Tax Residency (other than U.S. or U.K.)

Please indicate the Entity’s place of tax residence (if resident in more than one country please detail all countries and associated tax reference number type and number).

¹ Under the US IGA and in the U.S. Internal Revenue Code, Specified US Person does not include: An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37); The United States or any of its agencies or instrumentalities; A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, or instrumentalities; A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i); A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i); A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state; A real estate investment trust; A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940; A common trust fund as defined in section 584(a); A bank as defined in section 581; A broker; A trust exempt from tax under section 664 or described in section 4947; or A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

² Under the UK IGA, Specified UK Person does not include: A corporation the stock of which is regularly traded on one or more established securities markets or a member of the same EAG; A depository Institution; A broker or dealer in securities, commodities, or derivative financial instruments that is registered as such under the laws of the United Kingdom; or a Non-Reportable United Kingdom Entity as defined in Annex II paragraph V.

Country/countries of tax residency	Tax reference number type	Tax reference number

Complete Section 4 and proceed to Section 5: Declaration and Undertakings.

Section 4: Entity FATCA Classification

4.1 If you are a **Registered Financial Institution**, please tick one of the below categories, and provide your *FATCA GIIN* at 4.1.1.

- (a) Guernsey Islands or IGA Partner Jurisdiction Financial Institution
- (b) Registered Deemed Compliant Foreign Financial Institution
- (c) Participating Foreign Financial Institution

4.1.1 Please provide your *Global Intermediary Identification number (GIIN)*: _____

4.2 If you are a **Financial Institution but unable to provide a GIIN**, please tick one of the below reasons:

- (a) The Entity is a Model 1 Financial Institution and has not yet obtained a GIIN but intends to do so, if required.
- (b) The Entity is a Sponsored Financial Institution and has not yet obtained a GIIN but is sponsored by another entity that has registered as a Sponsoring Entity. Please provide the Sponsoring Entity's name and GIIN.
Sponsoring Entity's Name: _____ Sponsoring Entity's GIIN: _____
- (c) The Entity is a Trustee Documented Trust. Please provide your Trustee's name and GIIN.
Trustee's Name: _____ Trustee's GIIN: _____
- (d) The Entity is a Certified Deemed Compliant, or otherwise Non-Reporting, Foreign Financial Institution (including a Foreign Financial Institution deemed compliant under Annex II of an IGA, except for a Trustee Documented Trust or Sponsored Financial Institution). Indicate exemption: _____
- (e) The Entity is an Excepted Foreign Financial Institution. Indicate exemption: _____
- (f) The Entity is a Non-Participating Foreign Financial Institution
- (g) The Entity is a US Financial Institution

4.3 If you are not a Foreign Financial Institution, please confirm the Entity's FATCA status below:

- (a) The Entity is an **Exempt Beneficial Owner** Indicate status: _____
- (b) The Entity is an **Active Non-Financial Foreign Entity** (including an Excepted NFFE)
- (c) The Entity is a **Passive Non-Financial Foreign Entity** (please complete table below providing details of any **Controlling Persons**³)

Full Name	Date of birth	Full residence address	Details of controlling person's beneficial interest*	Country(ies) of tax residence	Tax reference type and number

*Natural persons that are Controlling Persons should also complete the Individual Self-Certification

Section 5: Declaration and Undertakings

I/We declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete. I/We undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs, which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I/we hereby consent to the recipient sharing this information with the relevant tax information authorities.

Authorised Signature: _____ Authorised Signature: _____

Position/Title: _____ Position/Title: _____

Date: (dd/mm/yyyy): _____ Date: (dd/mm/yyyy): _____

³ Means the natural persons who exercise control over an Entity. For companies and similar legal persons, it depends on the ownership structure of the company and will include any person owning 25% or more of the company (or legal person). For trusts and other similar legal arrangements, it will include the settlor, the trustee(s), the protector (if any), the beneficiaries, and any other natural person exercising ultimate effective control over the trust.