

The Partnership's acceptance of the Limited Partner's subscription will be acknowledged by way of a confirmation to be sent by the Administrator.

**CCM SMALL CAP VALUE FUND, L.P.
REQUEST FOR WITHDRAWAL OF LIMITED PARTNERISHP INTEREST**

Dated: _____, _____

Via mail and facsimile (914-750-0118)

CCM Small Cap Value Fund, L.P.
c/o Morgan Stanley Fund Service USA LLC
2000 Westchester Avenue
Purchase, NY 10577
Attn: Investor Services

Dear Sir or Madam:

The undersigned limited partner (the "Limited Partner") of CCM Small Cap Value Fund, L.P., L.P. (the "Partnership") hereby requests that the Partnership withdraw from the Limited Partner's capital account in the Partnership (the "Capital Account") and pay the following amount on the next available withdrawal date (the "Withdrawal Date") following receipt of this letter to the Limited Partner as directed below:

(check one)

- the entire balance of the Limited Partner's Capital Account
- \$ _____ (Insert Dollar Amount)
- ___% of the capital contribution (and any allocated profits) made on _____ (Insert Contribution Date).

The withdrawal proceeds shall be paid and forwarded to the same account from which the Limited Partner's contribution to the Partnership was originally remitted unless the Limited Partner indicates otherwise below in the General Partner, in its sole discretion, agrees.

Please provide full details (BLOCK CAPITALS)

| | |
|------------------------|--|
| Account Details | |
| Bank Account Name | |
| Bank Account Number | |
| IBAN Number | |
| Bank Details | |
| Bank Name | |
| Bank Address | |
| Bank Country | |
| ABA or CHIPS Number | |

| | |
|-------------------------------------|--|
| SWIFT Code | |
| Intermediary Bank Details | |
| <i>Intermediary Bank 1 (if any)</i> | |
| Intermediary Bank Name | |
| Intermediary Bank SWIFT Code | |
| FFC Account Name | |
| FFC Account Number | |
| <i>Intermediary Bank 2 (if any)</i> | |
| Intermediary Bank Name | |
| Intermediary Bank SWIFT Code | |
| FFC Account Name | |
| FFC Account Number | |
| Additional Reference | |

Please note that a full Bank Address and Bank Country must be supplied.

The Administrator will use its best efforts to acknowledge in writing all withdrawal requests which are received in good order. A Limited Partner failing to receive such written acknowledgement from the Administrator within 5 business days should contact the Administrator to obtain the same. **Failure to obtain such a written acknowledgement from the Administrator may render the request void, unless otherwise permitted by the General Partner.**

Authorized Signature

Date

Print Name

SAMPLE LETTER

[to be placed on letterhead of the financial institution remitting payment]

IF REQUESTED BY THE ADMINISTRATOR, PLEASE GIVE THIS LETTER TO YOUR FINANCIAL INSTITUTION AND HAVE THEM RETURN IT TO THE ADMINISTRATOR.

Via mail or facsimile: (914) 750-0118
 CCM Small Cap Value Fund, L.P.
 c/o Morgan Stanley Fund Services USA LLC
 2000 Westchester Ave
 Purchase, New York 10577
 Attention: Investor Services

RE: CCM Small Cap Value Fund, L.P.

| | | |
|---------------------------|---|-------|
| Name of Bank | : | _____ |
| Address of Bank | : | _____ |
| | | _____ |
| ABA Number of the Bank | | _____ |
| Name of Subscriber | : | _____ |
| Address of Subscriber | : | _____ |
| | : | _____ |
| | : | _____ |
| Subscriber Account Name | : | _____ |
| Subscriber Account Number | : | _____ |

We hereby confirm that the Subscriber named above is known to us and has an active account at this institution. The account details are as provided above. The above information is given in strictest confidence for your own use only and without any guarantee, responsibility or liability on the part of the institution or its officials.

Yours sincerely,

 Full Name:
 Position:
 (Authorized Signatory)