

SBM GROWTH FUND

MONTHLY SAVINGS PLAN APPLICATION FORM

Please complete all sections in BLOCK CAPITALS and ✓ where necessary

SECTION 1 – INVESTMENT DETAILS

I/We wish to invest an initial amount of Rs (amount in words) Rupees
..... in Units of SBM GROWTH FUND* and enclose my/our remittance in favour of the Fund.

I/We also enclose my/our duly Standing Order Instruction form in respect of further investments of Rs
to be effected each month.

Initial payment and monthly investment is Rs 500.00.

Subsequent monthly investment for a minimum of Rs 500.00 will be effected by way of standing order. Subscribers are therefore requested to fill in and sign the attached Standing Order Instruction form.

(*The SBM GROWTH FUND is an open-ended fund constituted under the SBM Investment Unit Trust.)

SECTION 2 – APPLICANT/S DETAILS

- Individuals should fill in Part A.
- Corporate applicants should fill in Part C.

- Joint applicants should fill in Parts A and B.
- All applicants should fill in Part D

A. INDIVIDUAL APPLICANT

TITLE MR ☐ MRS ☐ MISS ☐ MINOR ☐
SURNAME
FORENAMES
ADDRESS

TELEPHONE
OFFICE HOME
NIC No.
CITIZEN/NON CITIZEN OF MAURITIUS*
MINOR'S DATE OF BIRTH
SIGNATURE
(SELF/PROXY
GUARDIAN)*
DATE

*Delete as appropriate

B. JOINT APPLICANT

TITLE MR ☐ MRS ☐ MISS ☐ MINOR ☐
SURNAME
FORENAMES
ADDRESS

TELEPHONE
OFFICE HOME
NIC No.
CITIZEN/NON CITIZEN OF MAURITIUS*
MINOR'S DATE OF BIRTH
SIGNATURE
(SELF/PROXY
GUARDIAN)*
DATE

*Delete as appropriate

C. CORPORATE APPLICANT

NAME OF COMPANY/SOCIETE
OTHER ENTITY*
ADDRESS
TELEPHONE
AUTHORISED SIGNATURE
SIGNATORY'S NAME
CAPACITY
COMPANY SEAL
AUTHORISED SIGNATURE
SIGNATORY'S NAME
CAPACITY
COMPANY SEAL

*Delete as appropriate

D. INCOME DISTRIBUTION

(If no treatment preference is indicated, dividends will be reinvested).

Please arrange for my/our income distribution to be

- ☐ Reinvested at the Issue Price ruling at the time of distribution, at no entry fee; or
- ☐ Paid to me/us by crossed cheque to my/our address; or
- ☐ Credited to the under-mentioned account after deducting any bank charges applicable.

Account No.

Bank: Branch:

Address:

E. EMPLOYMENT DETAILS

Employment Status: ☐ Employed ☐ Self-employed ☐ Retired ☐ Housewife ☐ Unemployed

If other, please specify

If Employed/Self-employed: Your present occupation

Your Employer's Name

Your Employer's Address

Office Tel No.

Office E-mail Address

F. FINANCIAL DETAILS (IF JOINT, COMBINED MONTHLY INCOME)

Monthly Income (MUR)	Derived Mainly From:	Source of funds for this investment:
<input type="checkbox"/> Below Rs 10,000.00	<input type="checkbox"/> Salary/ Savings
<input type="checkbox"/> Rs 10,000.01 – Rs 30,000.00	<input type="checkbox"/> Rental/Property Sales Loan
<input type="checkbox"/> Rs 30,000.01 – Rs 75,000.00	<input type="checkbox"/> Dividend/Interest/ Investment
<input type="checkbox"/> Rs 75,000.01 – Rs 100,000.00	<input type="checkbox"/> Lottery/Casino/Betting
<input type="checkbox"/> Above 100,000.00	<input type="checkbox"/> Retirement Benefits/Pension

G. HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE IN MAURITIUS OR ELSEWHERE OR ARE THERE ANY PROCEEDINGS NOW PENDING AGAINST YOU WHICH MAY LEAD TO SUCH A CONVICTION?

☐ Yes ☐ No If Yes, please specify

H. DECLARATION & SIGNATURE

I/We hereby declare that to the best of my/our knowledge and belief, the statements made in this application and any related documents are true and complete. I/We agree/confirm that:

- This application is made on the basis and subject to terms and conditions as set out in the Prospectus. These terms and conditions are indicative and may change with market fluctuations. Structured transactions are complex in nature and I/we have taken independent tax and other professional/legal advice as deemed necessary before making such investments.
- The monies being invested pursuant to this application are not proceeds of illegal/criminal activities and my/our investment is not designed to conceal such proceeds and to avoid prosecution for an offence.
- All information provided is true and correct and I/we agree to inform of any change in the personal information provided.
- I/We understand that I/we should make my/our own appraisal of the risks arising from the subscription to or acquisition of this instrument and should consult to the extent necessary my/our own legal, financial, tax, accounting and other professional advisors in this respect prior to any subscription and acquisition.
- In accordance with the Data Protection laws and as applicable in Mauritius, I understand that SBM MAM will use my/our personal details as collected in this document and supplied by me/us voluntarily. I/We hereby agree that my/our information may be held on computer, retained and /or processed by SBM MAM or any of its Service Provider in Mauritius or outside of Mauritius even after my/our account is closed.

CONSENT CLAUSE

"I/We hereby agree and consent that SBM MAM or any member of SBM Group (located in or outside of Mauritius) or any third party/service provider, as appointed by SBM MAM (located in or outside of Mauritius), from time to time, may use, maintain, process or store any of my/our personal data obtained and/or collected during the opening and continuation of my/our account and for a period of at least 7 years after the closure of my/ our account(s)."

6. To enable SBM Group to provide me/us with high quality financial services to meet my/our needs, I/We hereby agree that any of my information may be disclosed to other companies forming part of the SBM Group and to its associated companies for such purposes which include but is not limited to administrative or marketing purposes. I/We further undertake to notify SBM MAM of any change in my personal details promptly so that same can be amended accordingly.
7. The terms and conditions of the present agreement shall be governed by the Laws of Mauritius and any dispute arising there out shall be subjected to the exclusive jurisdiction of the Courts of Mauritius.

Signature

Name

Date

Signature

Name

Date

DOCUMENTS TO BE SUBMITTED BY INDIVIDUAL APPLICANTS

- For Identity, kindly submit one of the following:
Certified copy* of National Identity Card / Passport or certified copy* of Birth Certificate
- For Address, kindly submit one of the following:
Certified copy* of Public Utility Bill or Bank Statement (dated in last three months).

*Certification by: Lawyer/notary/actuary/accountant holding a recognised professional qualification, serving policeman/customs officer/member of the judiciary/senior civil servant/employee of an embassy/consulate of the country of issue of Identity documentation, or director/secretary holding a recognized professional qualification of a regulated financial services business in Mauritius or in an equivalent jurisdiction or commissioner of Oath, or employee of the SBM Group.

OFFICE USE ONLY

Collecting Agent:

Processed By:

Create:

Deal:

Collection:

Approved by:

Signature:

Unitholder Reference:

Contract No.:

Certificate Number:

Signature:

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) ASSESSMENT FORM

CIF:

Entity Name:

SECTION A: INDICIA OF US ENTITY

		Please tick (✓) as appropriate: Numbers in brackets () are related to section B	Yes	No
a	Is the entity incorporated in the US?			
b	Does the entity have a US residence or mailing address? ⁽¹⁾			
c	Does the entity maintain an “in care of” or a “hold mail” US address? ⁽²⁾			
d	Does the entity have a current US landline phone number? ⁽³⁾			
e	Does the entity have standing instructions to transfer funds to an account maintained in the US, or instructions regularly received from a US address? ⁽⁴⁾			
f	Does the entity have any income from US source? ⁽⁵⁾ (See Note A)			
g	Has the entity granted a power of attorney or signatory authority to a person with a US address? ⁽⁶⁾			
h	Is the entity taxable in the US? ⁽⁷⁾			
i	Is the entity a subsidiary of any company located in the US? ⁽⁸⁾			
j	Does the entity have any substantial US owner (US person (shareholder and director) with 10% or more interest by vote or value) and/or any Ultimate Beneficial Owner (UBO) with US citizenship? If “Yes”, please complete section C below.			

If you have answered “Yes” to any of the above, please complete section B.

Note A: Income can be interest, dividend, rent, salary, wage, premium, annuities, compensations, remuneration, emoluments and other fixes or determinable annual or periodic gains, profits and income from US sources. Also include gross proceeds from sale or other disposition of any property of a type which can produce interest or dividend from US sources.

SECTION B: ADDITIONAL INFORMATION

If you have answered “Yes” to any of the above, please complete this section. Write N/A where not applicable.

1	US residence or mailing address	
2	US “in care of”/“hold mail” address	
3	US landline phone number	
4	Purpose/Type of transfer of fund	
5	Type of income	
6	Name/s and address/es of US authorised signatory or person having power of attorney	
7	US Tax Identification Number (TIN)	
8	Name of Holding company	

SECTION C: US SUBSTANTIAL OWNER (US person with 10% or more interest by vote or value)/UBO with US citizenship

	NAME	ADDRESS	TIN
1			
2			
3			
4			
5			

Important Note:

SBM MAM hereby informs you that if the above entity is connected to the US (for example if it is a US entity or receive any fixed or determinable, annual or periodic income from the US), SBM MAM may be obliged to report information related to its account to the competent tax authority in the United States.

COMPANY SECRETARY/DIRECTOR OR CHAIRMAN DECLARATION

The entity above is/is not a US entity or taxable under the US laws. (Please delete as appropriate) I/We

confirm that all the information provided above is true and correct.

I/We understand it is my/our responsibility to inform SBM MAM of any changes regarding the entity's tax status.

I/We am/are aware that SBM MAM shall be required to disclose and report to its competent local tax authority any tax information, financial account information or any additional due diligence information obtained from me/us in compliance with the FATCA regulation.

Name (A): Signature: Date:

Name (B): Signature: Date:

Company Seal:

OFFICE USE

FATCA classification: Entity is a ☐ Reportable ☐ Non-Reportable

Staff Name: Signature: Date:

Supervisor Approval: Signature: Date:

Seal:

Verified by OPC: Signature: Date:

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) ASSESSMENT FORM

Section A: INDICIA OF US PERSON

Customer Name(1):
Customer Name(2):

CIF:
CIF:

	Customer 1		Customer 2	
Please tick (✓) as appropriate: Numbers in brackets () are related to section B	Yes	No	Yes	No
a Are you a US citizen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Do you have a US Green Card? ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Are you taxable in the US? ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Were you born in the US?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Do you have a US passport? ⁽³⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Is your country of residence US?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Do you have a current US residence or mailing address? ⁽⁴⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h Do you have a current US landline phone number? ⁽⁵⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i Do you maintain an “in care of” or a “hold mail” US address? ⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j Have you lived or worked in US during the past 3 years? ⁽⁷⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k Do you have any income from US source? ⁽⁸⁾ (See Note A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l Do you have standing instructions to transfer funds to an account maintained in the US, or instructions regularly received from a US address? ⁽⁹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m Have you granted signatory authority to a person with US address? ⁽¹⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n Do you have 10% or more interest by vote or value in a US company? ⁽¹¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If more than 2 individuals, please annex a separate FATCA assessment form.

Note A: Income can be interest, dividend, rent, salary, wage, premium, annuities, compensations, remuneration, emoluments and other fixed or determinable annual or periodic gains, profits, and income from US sources. Also include gross proceeds from sale or other disposition of any property of a type which can produce interest or dividend from US sources.

Section B: ADDITIONAL INFORMATION

If you have answered “Yes” to any of the above, please complete this section. Write N/A where not applicable.

	Customer 1	Customer 2												
1 US Green Card No														
2 US Tax Identification Number (TIN)														
3 US Passport No														
4 US residence or mailing address														
5 US landline phone number														
6 US “in care of”/“hold mail” address														
7 Dates you have been in US during the past 3 years and reasons for stay (Current year and 2 preceding years)	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%; text-align: left; border-bottom: 1px solid black;">From</th> <th style="width: 25%; text-align: left; border-bottom: 1px solid black;">To</th> <th style="width: 50%; text-align: left; border-bottom: 1px solid black;">Stay Purpose</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>	From	To	Stay Purpose				<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%; text-align: left; border-bottom: 1px solid black;">From</th> <th style="width: 25%; text-align: left; border-bottom: 1px solid black;">To</th> <th style="width: 50%; text-align: left; border-bottom: 1px solid black;">Stay Purpose</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>	From	To	Stay Purpose			
From	To	Stay Purpose												
From	To	Stay Purpose												
8 Type of income														
9 Purpose/Type of transfer of fund														
10 Name/s and address/es of US authorised signatory														
11 Name/s of US company in which you have 10% or more interest by vote or value														

Important Note:

SBM MAM hereby informs you that if you are connected to the US (for example if you are a US citizen or resident or receive any fixed or determinable, annual or periodic income from the US), SBM MAM may be obliged to report information related to your account to its competent local tax authority which will in turn pass on the information to the competent tax authority in the United States.

SECTION C: DECLARATION

Customer 1: I am/am not a US citizen or US resident or taxable under the US laws.
(please delete as appropriate)

Customer 2: I am/am not a US citizen or US resident or taxable under the US laws.
(please delete as appropriate)

I/We confirm that all the information provided above is/are true
and correct.

I/We understand it is my/our responsibility to inform SBM MAM of any changes regarding my/our personal and
tax status.

I/We am/are aware that SBM MAM shall be required to disclose and report to its competent local tax authority any
personal tax information, financial account information or any additional due diligence information obtained from me/us
in compliance with the FATCA regulations.

Customer 1 Name: Signature: Date:

Customer 2 Name: Signature: Date:

OFFICE USE

FATCA classification: Customer 1 is: ☐ Reportable ☐ Non-Reportable

FATCA classification: Customer 2 is: ☐ Reportable ☐ Non-Reportable

Staff Name: Signature: Date:

Supervisor Approval: Signature: Date:

Verified by OPC: Signature: Date: