

# SBM INDIA FUND

## SUBSCRIPTION FORM

To: SBM India Fund (Attention: Officer in Charge, SBM Fund Services Ltd)  
4<sup>th</sup> Floor Raffles Tower  
Cybercity Ebene  
Mauritius

Facsimile: 230 210 3369

### Section 1

### Name Details

#### FIRST SUBSCRIBER

Title\* MR/MRS/MISS/MINOR\*\*

Surname

First Name

Maiden Name (if applicable)

Marital Status

Date of Birth

Nationality

ID card No./Passport No.

Occupation

Business Registration No.

#### SECOND SUBSCRIBER/GUARDIAN\*\*\*

☐ (tick if applicable)

Title\*MR/MRS/MISS/MINOR\*\*

Surname

First Name

Maiden Name (if applicable)

Marital Status

Date of Birth

Nationality

ID card No./Passport No.

Occupation

Business Registration No.

\*Delete as appropriate

\*\*For Minor individual application to be signed by legal guardian

\*\*\*For guardian, please state relationship to minor

Initial.....

Section 1	Name Details (Continued)
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CORPORATE SUBSCRIBER
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Business Name

Registration No  Registration Date

Business Registration No.

Trading Name

Nature of Business

Country of Incorporation

Registered Address

Contact Person Details (Corporate Subscriber only)

Contact Name

Contact Telephone No.  Fax

Mobile No.

Email

Section 2	Address (where you wish all correspondence to be sent)
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FIRST SUBSCRIBER/SECOND SUBSCRIBER/CORPORATE
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Address

Country

Telephone  Fax

Mobile  Email

Initial.....

**Section 3****Financial Details-For First & Second Subscribers only**

Amount invested is derived mainly from\*

Salary/Savings

☐

Loan

☐

Maturing of other investments/sales of shares

☐

Retirement Benefits/Pensions

☐

Rental/Property Sale

☐

Inheritance/Gift

☐

Lottery/Casino/Betting

☐

Dividend/Interest

☐

Other

☐

If other, please specify

\*Please tick as appropriate

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 conviction?\*

Yes

☐

No

☐

\*Please tick as appropriate

**Section 4****Declarations**

- By signing this Subscription Form (the "Form"), the subscriber(s) (the "Subscriber") acknowledges having received the Prospectus (the "Prospectus") of the SBM India Fund (the "Fund") an open ended fund duly registered under the laws of Mauritius and licensed by the Financial Services Commission of Mauritius and hereby irrevocably and unconditionally subscribes for the Class B Participating Shares of the Fund (the "Shares") on the terms and conditions and subject to the restrictions contained in the Prospectus, this Form (and its Annexes), the Rules and Regulations governing this Form and the Constitution of the Fund.
- I/We acknowledge that all documents required under Section 8 are submitted together with this Form.
- I/We\* acknowledge that measures aimed at the prevention of money laundering may require verification of my/our\* identity and the source of funds.
- I/We\* acknowledge that Shares will not be issued until such time as SBM Asset Management Limited (the "Manager") and SBM Fund Services Ltd (the "Administrator") have received and are satisfied with all the information and documentation requested to verify my/our\* identity and the source of funds. I/We\* acknowledge that the Manager and the Administrator shall be held harmless against any loss arising as a result of a failure to process my/our\* application for Shares if such information and documentation as has been requested by the Manager and Administrator has not been provided by me/us\*.
- I/We acknowledge and confirm that I/we shall provide all information about me/us as may be requested from the Manager and Administrator by regulators in India including regulators administering exchange controls and securities regulations, in accordance with applicable law.
- I/We\* acknowledge that the Manager and/or its subsidiaries and/or affiliates and to each of their respective employees, officers, directors and agents and/or to any third party employed or engaged to provide investment management services does not guarantee the performance of the Shares or repayment of capital or any particular rate of return or any distribution.
- (Natural persons only) I/We\* declare that I am a/we are\* private investor(s) who is /are\* making this application on my/our\* own behalf and not, in any way as representative(s) of any party.
- (Complete section below only if a corporate subscriber)  
(Designated Bodies# only) I/We\* declare that I am/we are\* licensed as..... (description) by the .....(regulatory body) under the laws of .....(country) and am/are\* thereby subject to regulations and/or guidelines which to the best of my/our\* knowledge and understanding are in accordance with the Financial Action Task Force Recommendations on the prevention of money-laundering and that this application is made in my/our\* name on behalf of my/our\* clients for investment purposes whose identity has been properly verified by me/us\* in accordance with guidelines and I am/we are\* satisfied as to the source of funds.  
# A designated Body is an individual or other entity which is regulated in respect of the provision of banking or investment services in a country which is a member of the European Union or the Financial Action Task Force.  
(Corporate Subscriber only) We hereby declare that the corporation was duly registered on ..... (Date) under the laws of ..... (Country) and that it is not a financial intermediary.

Initial.....

**Section 5****Particulars****Investment Details-Class B Participating Shares**

Please accept this subscription to invest the amount below in Class B Participating Shares of the SBM India Fund with entry fee of .....% of amount below:

Amount invested: Currency    Amount in figures

Amount in words

Entry Fee: Currency    Amount in figures

Amount in words

**Section 6****Subscriber's Bank Details**

Name of Bank and branch from which amount is remitted

Bank Account Number and routing details

In addition, to comply with applicable anti-money laundering/US Treasury Department's Office of Foreign Asset Control ("OFAC") rules and regulations, the Subscriber(s) is/are required to provide the following information:

a. Name of bank from which your payment to the Fund will be wired ("Wiring Bank"):

b. Is the Wiring Bank located in the US or another country that is a member of the Financial Action Task Force? Yes ☐ No ☐  
(please tick)

c. If the answer to 2 above is "Yes," are you a customer of the Wiring Bank? Yes ☐ No ☐  
(please tick)

**Section 7****Signatures**

Subscriber 1\*

Subscriber 2\*

Company Seal  
(For Corporate Subscriber only)

\* For Corporate Subscriber, the authorized signatories shall sign in the boxes above.

Date

**FOR OFFICE USE**

Collecting Agent	
KYC Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Processed by	
Verified by	

## Appendix 1

## Documents required

*All Subscribers are requested to provide the documents listed below, depending on the type of investor applicable to them. Please note that SBM Fund Services Ltd (the "Administrator") and SBM Asset Management Limited (the "Manager") reserve the right to request such further information as is necessary to verify the identity of a Subscriber and the source of the payment.*

1. **Individual investors** - please enclose a \*certified copy of ID/Passport with picture page and showing date of birth and nationality and a \*certified copy of a document showing proof of address (ie: utility bill not more than 3 months old)
2. **Corporate investors** - please enclose \*certified true copies of the following:
  - (i) Memorandum and Articles of Association, Certificate of Incorporation and Business Registration Certificate (if any) of the corporation;
  - (ii) a list of authorised signatories, directors' resolution (certified extracts only), signed application forms or account opening authority containing specimen signatures;
  - (iii) a Board Resolution confirming
  - (iii) a list of names and addresses of shareholders who hold 10% or more of the share capital of the corporation, and in the case of individual shareholders, their occupations and dates of birth;
  - (iv) a list or register of directors, giving full names, dates of birth and addresses;
  - (v) for at least 2 directors who are individuals, please enclose copies of passports with respective documents showing proof of addresses (ie: utility bill not more than 3 months old);
  - (vi) where a director is a corporation please enclose the additional required documentation listed in this note 2 (i), (ii), (iii), (iv), (v) and (vi) for this corporate director.
3. **Trusts** – please enclose the following:
  - (i) a \*certified copy of the trust deed;
  - (ii) *individual trustee* - same details as for individual investors (see above);
  - (iii) *corporate trustee* - address from which the trustee carries on business and details of incorporation/organisation;
  - (iv) *corporate trustee* - a \*certified list of directors of the trustee giving full names, dates of birth and addresses, along with \*certified copies of passports of at least two directors; and
  - (v) A \*certified copy of the authorised signatory list and the specimen signatures.
4. **Partnerships** – please enclose the following:
  - (i) a \*certified copy of the Partnership Agreement (or equivalent) showing a list of the Partners giving full names, dates of birth and addresses;
  - (ii) \*certified copies of passports of at least 2 Partners/Authorised signers;
  - (iii) a \*certified copy of the authorised signatory list and the specimen signatures, and documentary evidence that the named persons(s) is authorised by all partners to act on their behalf; and
  - (iv) an explanation of the nature of the business of the Partnership.
5. **Designated Bodies** (as defined in Annex 2) - please enclose the following:
  - (i) a \*certified copy of the authorised signatory list.
6. All investors apart from **individual investors** should also provide a Board Resolution approving investment in the SBM India Fund (please refer to Appendix 2).
7. Where this application form is sent by fax, you must also send the original signed application to the Administrator. Neither the Administrator, Manager nor their duly appointed agents will be responsible to a Subscriber for any loss resulting from the non-receipt of any application sent by fax.

**\*Certified:** A certifier must be a suitable person, such as a justice of the peace, lawyer, accountant, director or manager of a regulated credit or financial institution, a notary public, a member of the judiciary or a senior civil servant. The certifier should sign the copy document (printing his/her name clearly underneath) and clearly indicate his/her position or capacity on it together with a contact address and phone number. The certifier must indicate that the document is a true copy of the original and that the photo is a true likeness of the person.

Appendix 2

Board Resolution

Name: \_\_\_\_\_  
(the “Organisation”)

Resolution

We certify that the following is a true extract from the minutes of the meeting of our directors/partners/committee members/owners held on \_\_\_\_\_ (date) and that the resolution set out below was duly passed, has been recorded in the minutes book of the Organisation and is in accordance with the constitutive documents of the Organisation:

Resolved:

- 1. That the Organisation invests an amount of USD \_\_\_\_\_ in the SBM India Fund (the “Product”), a collective investment scheme holding a Category 1 Global Business License and duly approved by the Financial Services Commission as an Open Ended Collective Investment Scheme under the Securities Act 2005.
- 2. That the terms and conditions attached with the Product have been considered and that the above investment is undertaken in line with these terms and conditions.
- 3. That the following persons (“Authorised Person”) be authorised on behalf of the Organisation to sign the Application, instruct the related payment for the investment and to deal with matters and/or documents related to the Product, including any early encashment or transfer.

Full Name: Mr/Mrs/Miss _____  Residential Address _____ _____ _____ _____	Specimen Signature _____  Date of Birth _____ Nationality _____ ID/Passport No. _____ Telephone No. _____
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Full Name: Mr/Mrs/Miss _____  Residential Address _____ _____ _____ _____	Specimen Signature _____  Date of Birth _____ Nationality _____ ID/Passport No. _____ Telephone No. _____
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Full Name: Mr/Mrs/Miss _____ _____ Residential Address _____ _____ _____ _____	<b>Specimen Signature</b> _____  Date of Birth _____ Nationality _____ ID/Passport No. _____ Telephone No. _____
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Full Name: Mr/Mrs/Miss _____ _____ Residential Address _____ _____ _____ _____	<b>Specimen Signature</b> _____  Date of Birth _____ Nationality _____ ID/Passport No. _____ Telephone No. _____
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- ☐ Any one of the above persons can sign
- ☐ Special instruction \_\_\_\_\_
- ☐ Any two of the above persons can sign

Such mandate will be sufficient authority and bind the Organisation in all transactions between the Distributor and the Organisation. The Distributor will be notified in writing of any changes thereto.

**SIGNED AND CERTIFIED as a true and correct record on the \_\_\_\_\_ day of \_\_\_\_\_**

\_\_\_\_\_  
Chairman of the Meeting

\_\_\_\_\_  
Secretary/Director\*

\_\_\_\_\_  
Organisation Stamp (if applicable)

\*Please delete as appropriate