

ACCOUNT NO.
BANK:
BRANCH:
ADDRESS:
SIGNATURE (S):

APPLICATION FORM LUMP SUM INVESTMENT

Please complete all sections in BLOCK CAPITALS and 🗸 where necessary

SECTION 1- INVESTMENTS DETAILS	
I/We wish to invest Rs	(amount in words) Rupees
in Units of SBM Y	field Fund and enclose my/our remittance in favour of the Fund
L/We understand that Units will be allocated to me/us at the Issue Price cal application form and remittance, at the office of the Manager, SBM Mauriti • Minimum investment is Rs 1,000.00 During the initial subscription period ending 30th June 2006, the Issue Pric	
Please complete the sections below in BLOCK CAPITALS.	e per unit is inter at its route
SECTION 2- APPLICANT/S DETAILS	
Individuals should fill in Part A Joint applicants should fill in Parts A and 8 Cor A. INDIVIDUAL APPLICANT	porate applicants should fill in Part C ■ All applicants should fill in Parts D , E , F and G B. JOINT APPLICANT
Title: Mr Mrs Miss Minor	Title: Mr Mrs Miss Minor
Surname	Sumame
Forenames	Forenames
Address	Address
Telephone Office	Telephone Office
Nic No.	Nic No.
Citizen/Non Citizen Of Mauritius *	Citizen/Non Citizen Of Mauritius *
Minor's Date Of Birth	Minor's Date Of Birth
Signature Self/ Proxyl Guardian) *	Signature (Self Proy/ Guardan) *
Date	Date
* Delete As Appropriate	*Delete As Appropriate
C. CORPORATE APPLICANT	
NAME OF COMPANY/ SOCIETE/	
OTHER ENTITY*	1000
ADDRESS:	the control of the co
TELEPHONE:	
AUTHORISED SIGNATURE : SIGNATORY'S NAME : CAPACITY : COMPANY SEAL :	AUTHORISED SIGNATURE: SIGNATORY'S NAME: CAPACITY: COMPNYY SEAL:
*Delete as appropriate	
D. INCOME DISTRIBUTION	
(If no treatment preference is indicated, dividends will be reinvested). Plasse arrange for mylour income distribution to be (Please tick, as appropriate) 1. reinvested at the base (Piece unling at the time of distribution, at no entry flex; 2. paid to melus by crossed cheque to mylour address, or a construction of the control of	

Employment Status : Empl				
	loyed Self-Employed Re	tired Housewife Unemployed	If Other, please specify _	
f Employed / Self-employed :	Your present occup	ation		
	Your Employer's Na	me and Address		
	Office Fax No.	C. Commission		
	Office E-mail Addre	And the second s		
F. FINANCIAL DETAILS (IF JO	INT, COMBINED MON	(THLY INCOME)		
Monthly income (MUR):	-		Derived main	ly from
Below Rs 10,000,00		Salary		Savings
ts 10,000,00 - Rs 20,000,00	HI	Rental/Property sale	H	Loan
ls 20,000.01 - Rs 30,000.00	HI	Inheritance/Gift	H	Other
ls 30,000.01 - Rs 50,000.00	H	Dividend/Interest	-	
k 50,000.01 - Rs 75,000.00	H	Maturing Investment/Sale of sh	H	
N 75,000.01 - RS 75,000.00	HI	Lottery/Casino/Betting		
Above Rs 100,000,00		Retirement Benefits/Pension	H	
above is 100,000.00		representative designative constraints		
		If Other, Please specify		
Source of Funds	-			
Yes, please specify DECLARATION AND SIGNATURE	E	Day of the last of	CHECK	
I/we hereby declare that to the best of my/our kn	rowledge and belief, the stateme	nts made in this application and any relate	d documents are true and compl	icce
				nd may change with market fluctuations. Structured treents
ransactions are complex in nature and I/we have be the monies being invested pursuant to this ap I. All information provided is true and correct an	e taken independent tax and othe oplication are not proceeds of ille of Uwe agree to inform of any cha	er professional/fegal advice as deemed ne gal/criminal activities and my/our investm unge in the personal information provided	essary before making such inves ent is not designed to conceal su	tments ch proceeds and to avoid prosecution for an offence
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Contract No

Certificate Number Initials

Deal

Collection

Approved by:

Name: