

## 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 Yield Fund and enclose my/our remittance in favour of the Fund

I/We understand that Units will be allocated to me/us at the Issue Price calculated on the next Issue Date following the reception and acceptance of my/our application form and remittance, at the office of the Manager, SBM Mauritius Asset Managers Ltd.

■ Minimum investment is Rs 1,000.00

During the initial subscription period ending 30th June 2006, the Issue Price per Unit is fixed at Rs10.00

Please complete the sections below in BLOCK CAPITALS.

## SECTION 2- APPLICANT/S DETAILS

Individuals should fill in Part A ■ Joint applicants should fill in Parts A and B ■ Corporate applicants should fill in Part C ■ All applicants should fill in Parts D, E, F and G

## 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/ SOCIETY/

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 (Please tick as appropriate)

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

ACCOUNT NO.

BANK:

BRANCH:

ADDRESS:

SIGNATURE (S):

## 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 and Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Office Fax No.** \_\_\_\_\_

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

**Office E-mail Address** \_\_\_\_\_

\_\_\_\_\_

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

### Monthly income (MUR) :

Below Rs 10,000.00

Rs 10,000.00 - Rs 20,000.00

Rs 20,000.01 - Rs 30,000.00

Rs 30,000.01 - Rs 50,000.00

Rs 50,000.01 - Rs 75,000.00

Rs 75,000.01 - Rs 100,000.00

Above Rs 100,000.00

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☐

☐

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Salary

Rental/Property sale

Inheritance/Gift

Dividend/Interest

Maturing Investment/Sale of shares

Lottery/Casino/Betting

Retirement Benefits/Pension

### Derived mainly from

☐

☐

☐

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Savings

Loan

Other

☐

☐

☐

If Other, Please specify \_\_\_\_\_

### Source of Funds

**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 \_\_\_\_\_

## DECLARATION AND 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

1. This application is made on the basis and subject to terms and conditions as set out in the Scheme Particulars. 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

2. 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

3. All information provided is true and correct and I/we agree to inform of any change in the personal information provided

4. 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\*

**SIGNATURE :** \_\_\_\_\_

**SIGNATURE :** \_\_\_\_\_

**DATE :** \_\_\_\_\_

**DATE :** \_\_\_\_\_

## DOCUMENTS TO BE SUBMITTED BY INDIVIDUALS

For identity, kindly submit one of the following : National Identity Card / Passport / Original\*\* or Certified copy\* of Birth Certificate

For Address, kindly submit one of the following : Certified copy\* / Original\*\* Public Utility Bill (Less than 3 months old) or Bank Statement

\* The following persons can certify :

A lawyer, notary, actuary or an accountant holding a recognised professional qualification, A serving police or customs officer, A member of the judiciary, A senior civil servant, An employee of an embassy or consulate of the country of issue of identity documentation, A director or secretary (holding a recognised professional qualification) of a regulated financial services business in Mauritius or in an equivalent jurisdiction, A commissioner of Oath

\*\* original will be returned immediately

## SBM MAURITIUS ASSET MANAGERS LTD

### OFFICE USE ONLY

Receipt No. : \_\_\_\_\_

Collecting Agent : \_\_\_\_\_

Agent Ref : \_\_\_\_\_

CASH : \_\_\_\_\_

CHEQUE : \_\_\_\_\_

Bank

A/c No

Cheque No.

Chq Date

Rs

Amount

Processed by : Name : \_\_\_\_\_

Create

Deal

Collection

Approved by :

Name : \_\_\_\_\_

Initials : \_\_\_\_\_

Unitholder Reference

Contract No

Certificate Number

Initials