

APPLICATION FORM MONTHLY SAVINGS PLAN

Please complete all sections in BLOCK CAPITALS and ✓ where necessary

SECTION 1- INVESTMENTS DETAILS

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

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

Initial and monthly investment is Rs 500.00

Initial payment should be effected in cash or cheque together with this application.

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.

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/ 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 (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 (\$):

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 ☐

Derived mainly from

Salary ☐ Savings ☐

Rental/Property sale ☐ Loan ☐

Inheritance/Gift ☐ Other ☐

Dividend/Interest ☐

Maturing Investment/Sale of shares ☐

Lottery/Casino/Betting ☐

Retirement Benefits/Pension ☐

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. 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*

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 : _____ Initials : _____

Create _____ Unitholder Reference _____

Deal _____ Contract No. _____

Collection _____ Certificate Number _____

Approved by : Name : _____ Initials _____