

SBM HOLDINGS LTD

APPLICATION FORM

SECTION 1A – INVESTOR DETAILS (INDIVIDUAL)

SECTION 1.1 INVESTOR INFORMATION

	PRIMARY INVESTOR	JOINT INVESTOR
Title		
Surname		
First Name(s)		
Marital Status		
Maiden Name		
E-mail Address		
Date of Birth		
National Identity Card No (NIC)		
OR Birth Certificate No		
OR Passport Number		
Passport Issuing Country		
Passport Expiry Date		
Permanent Residential Address		
Mailing Address (if different)		
Telephone (Home)		
(Office)		
(Mobile)		

SECTION 1.2 - EMPLOYMENT DETAILS

Employment Status (please tick):

- Employed
- Self Employed
- Retired
- Housewife
- Unemployed

Other, please specify:.....

Occupation (Present or Last):.....

Employer's Name and Address:.....

(Or Business address if self-employed)

Business Sector if Self Employed:.....

SECTION 1.3 - FINANCIAL DETAILS

a) Gross Monthly Income (in 000s MUR) (please tick):

- Below 50
- Between 50 and 100
- Between 100 and 200
- Between 200 and 500
- Between 500 and 1000
- Above 1000

b) Source of Funds:

- | | |
|---|---|
| <input type="checkbox"/> Salary/Pension | <input type="checkbox"/> Lottery/Gambling |
| <input type="checkbox"/> Interest | <input type="checkbox"/> Gift |
| <input type="checkbox"/> Loan/Overdraft | <input type="checkbox"/> Retirement Provision |
| <input type="checkbox"/> Rent | <input type="checkbox"/> Capital Gains |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Dividends |
| <input type="checkbox"/> Inheritance | <input type="checkbox"/> Compensation |
| <input type="checkbox"/> Insurance | |

SECTION 1B – INVESTOR DETAILS (CORPORATE)

Corporate Name	
Business Registration No	
Registration Office	
Mailing Address (if different)	
Telephone Number	
E-mail Address	

SECTION 2 – INVESTMENT DETAILS

MUR Bonds:

Number of Bonds applied for	
Investment Amount (Minimum MUR 50,000)	

USD Bonds:

Number of Bonds applied for	
Investment Amount (Minimum USD 5,000)	

Payment Mode:

- Debit of Bank Account held with SBM Bank (Mauritius) Ltd (Please sign Debit Authorisation form)
- Bank Transfer (Banking details provided below)

Account Name	SBMFUND Client Account SBMH MUR Bond Class A2	SBMFUND Client Account SBMH USD Bond Class B2
Bank Name	SBM Bank (Mauritius) Ltd	SBM Bank (Mauritius) Ltd
Account Number	50300000195245	50100000232212
IBAN	MU87STCB1170000000195245000MUR	MU76STCB1170000000232212000USD
SWIFT	STCBMUMU	STCBMUMU
Currency	MUR	USD

CDS Account Number:

Please state your CDS account number (or leave blank if you do not have one – see section 4.7) and attach copy of the relevant CDS statement.

Bond allocated to you will be credited to this account.

SECTION 3 – APPLICANT BANK ACCOUNT DETAILS

This section should be completed by ALL applicants

Bank Name	
Account Holder	
Account Number	
Currency	

Subject to section 4.7 this account shall be used for newly opened CDS account. Note that this same account shall be credited for refund of monies in case of oversubscription or cancellation of issues

SECTION 4 – DECLARATIONS

4.1. I/We* the undersigned agree to purchase the above mentioned Bond(s) and I/we* agree to accept the same or lesser number of Bonds that may be allocated to me/us* upon the terms and conditions of the Listing Particulars and/or the Simplified Prospectus and in accordance with the Instructions and Conditions.

4.2. I/We* hereby acknowledge that I/We* have received, read and understood the Listing Particulars and/or the Simplified Prospectus and agree to be bound by the provision contained therein and by the provisions of the Financial Intelligence and Anti-Money Laundering Act 2002, as may be amended from time to time.

4.3. I/We* represent and warrant that I/we* have the necessary authority and power to purchase and hold the Bonds in accordance with this application form and have taken all necessary corporate action to approve such purchase and to authorize the person(s) signing this application form to bind me/ us* in accordance with the terms hereof.

4.4. In accordance with anti-money laundering requirements, I/ we* hereby consent to the issuer and/or SBM Securities Ltd making reasonable enquiries for the purpose of verifying the information disclosed herein and obtaining information about me/ us*. I/We* certify that the monies being invested are not proceeds from illegal activities and that my/our* investment is not designed to conceal such proceeds so as to avoid prosecution for an offence.

4.5. I/We* undertake to promptly notify the Issuer and SBM Securities Ltd of any change in the information and/or details submitted in this application.

4.6. I/We* further understand and agree that interest payments, redemption and/or maturity proceeds of the Bonds shall be credited as per prevailing instructions on my CDS account.

4.7. I/We* understand that if a CDS account number is not specified in section 2 above or if the corresponding CDS Statement is not attached to this application, by signing this Application Form, I/we* am/are* expressly authorizing SBM Securities Ltd to open a CDS Account as per section 1 above. I/We* undertake to provide any other documentation as may be requested by SBM Securities Ltd

4.8. I/We* declare that all statements and declarations made in this application and any related documents submitted are true, correct and complete.

4.9. I/We* acknowledge and agree that all notices to be sent by the Issuer to Bond-holders will be sent to the email address provided here above. The email and mailing address provided herein shall supersede all previous addresses provided by me/us* in respect of any securities issued on or before the date hereof.

Signature		
Name		
Capacity		
Date		

(*) Strike out as applicable

FOR OFFICE USE ONLY		
Received By:		
Checked By:		
Approved by:		
SEAL OF INVESTMENT DEALER		

Date:.....

To: The Manager
SBM Bank (Mauritius) Ltd

Branch:.....

SBM ACCOUNT OPERATIONS' AUTHORISATION FORM

Sir/Madam,

Re: Request and authority to debit/credit account name below

This is to inform you that I/We, the undersigned, having been registered as client/s of SBM Fund Services Ltd (hereinafter 'SFS'), hereby request and authorize SBM Bank (Mauritius) Ltd to debit/credit my/our account/s bearing number/s..... (hereinafter the 'SBM Account/s'), for the settlement of various securities transactions executed on my/our behalf as well as for the payment of fees resulting there from.

For that purpose, you are authorized to (therefore, please arrange for the following):

1. * accept instructions, emanating from SFS, to debit my/our SBM accounts on settlement dates,
2. * accept instructions, emanating from SFS, to restrain funds on my/our SBM accounts, between transaction dates and settlement dates, and
3. * provide, on demand, SFS with information about my/our SBM accounts balance.
(*please delete to limit authority as required)

I/We understand and agree that it is our responsibility to ensure that sufficient cleared funds available in my/our SBM accounts to allow a debit payment to be made on settlement dates.*

Should I/We wish to revoke this authority, I/We shall instruct you and SFS in writing and agree that this authority will not be revoked until I/We receive written confirmation to this effect.

Signature : (1) Name : (1)

(NIC :.....)

Signature : (2) Name : (2)

(NIC :

Cc: SBM Fund Services Ltd, Level 10 Hennessy Tower, Pope Hennessy Street, Port Louis)

By signing the Direct Debit Instruction Form, I/We acknowledge having read and understood the terms and conditions governing the debit arrangements as set out in this form.