

APPLICATION FORM MONTHLY SAVINGS PLAN

Please complete all sections in BLOCK CAPITALS and ✓ where necessary

SECTION 1 – INVESTMENT DETAILS

I/We wish to invest an initial amount of Rs

(Amount in words) Rupees

In Units of AAMIL Mauritius Fund and enclose my/our remittance in favor 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.

■ Minimum Initial and monthly investment is Rs 1,000.00. Initial payment should be effected by cheque or bank transfer together with this application. Subsequent monthly investment will be effected by way of standing order. Subscribers are therefore requested to fill in and sign the attached Standing Order Instruction form.

■ 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 Registrar, AAMIL Asset Management Ltd, Suite 340-355 Barkly Wharf, Le Caudan Waterfront, Port Louis.

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 Parts D, E, F and G

A. INDIVIDUAL APPLICANT

Title: Mr Mrs Miss Minor

Surname

Forenames

Address

Telephone

Email address*

Nic/Passport No.

Citizen / Non Citizen of Mauritius**

Date of Birth / /

Signature (Self/Proxy/Guardian)*

Date / /

* Please complete for any information to be received by email

B. JOINT APPLICANT

Title: Mr Mrs Miss Minor

Surname

Forenames

Address

Telephone

Email address*

Nic/Passport No.

Citizen / Non Citizen of Mauritius**

Date of Birth / /

Signature (Self/Proxy/Guardian)*

Date / /

**Delete As Appropriate

AAMIL Asset Management Ltd Suites 340-355, Barkly Wharf, Le Caudan Waterfront P.O. Box 1070, Port Louis, Republic of Mauritius
 TEL: +230 210 1000 FAX: +230 210 2000 E-MAIL: info@aamil.com

AAMIL Asset Management Ltd is part of the AAMIL Group, a global financial services provider, and is licensed (OC00005942) and regulated by the Financial Services Commission (FSC) of the Republic of Mauritius

C. CORPORATE APPLICANT

NAME OF COMPANY /SOCIETE

OTHER ENTITY*

ADDRESS

TELEPHONE

AUTHORISED SIGNATURE: _____

AUTHORISED SIGNATURE: _____

SIGNATORY'S NAME: _____

SIGNATORY'S NAME: _____

CAPACITY: _____

CAPACITY: _____

COMPANY SEAL:

COMPANY SEAL:

*Delete As Appropriate

D. INCOME DISTRIBUTION

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.

(If no treatment preference is indicated, dividends will be reinvested).

ACCOUNT NO.

BANK:

BRANCH:

ADDRESS:

SIGNATURE (S):

DECLARATION AND SIGNATURE

I/we 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 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 recognized 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 recognized professional qualification) of a regulated financial services business in Mauritius or in an equivalent jurisdiction, A commissioner of Oath.

**** original will be returned immediately**

APPLICATION FORM STANDING ORDER INSTRUCTION

All Standing Order Instruction forms duly completed must be remitted in original to the Applicant's bank. A copy of the Standing Order must be sent, together with the Monthly or Quarterly Savings Plan Application Form, 10 business days before the end of the month to: Aamil asset Management Ltd, Suite 350 Barkly Wharf, Le Caudan Waterfront, Port Louis.

Please complete the sections below in BLOCK CAPITALS

Unitholder Ref:

Date:

To: The Manager

Bank

Branch

Address

Dear Sir/Madam

Please debit my/our Savings/Current Account number _____ with the sum
 Rs. _____ (amount in words) Rupees
 _____ on the last business day of each
 month/quarter* as from _____ until further notice and credit AAMIL Mauritius Fund A/C
 NO. **01-1875445** with The Mauritius Commercial Bank Ltd.

I/We* authorize you to debit my/our* account with the relative bank charges.

I/We* subscribe to the condition that any amendment to the above instruction requires prior notice to the Registrar, AAMIL (Mauritius) Ltd. *Delete as appropriate

Yours faithfully,

SIGNATURES (S)

NAME:

ADDRESS:

TELEPHONE NO

| | |
|--|--|
| BANK USE ONLY - Please quote particulars mentioned hereunder when effecting transfer | |
| INSTRUCTIONS TO PAYING BANK: | <input type="text" value="The Mauritius Commercial Bank Ltd"/> |
| PAYEE'S A/C NO | <input type="text" value="000-01-187 5445"/> |
| PAYEE NAME | <input type="text" value="AAMIL Mauritius Fund"/> |
| REFERENCE | <input type="text" value="AMF/"/> |

AAMIL Asset Management Ltd Suites 340-355, Barkly Wharf, Le Caudan Waterfront P.O. Box 1070, Port Louis, Republic of Mauritius
 TEL: +230 210 1000 FAX: +230 210 2000 E-MAIL: info@aamil.com

AAMIL Asset Management Ltd is part of the AAMIL Group, a global financial services provider, and is licensed (OC00005942) and regulated by the Financial Services Commission (FSC) of the Republic of Mauritius