

In order for us to process your application, you are kindly requested to follow the steps below:

1. Application Form:

Complete sections 1-6

2. Supporting Documents:

Attach certified true copies of the following documents

- Certificate of Incorporation.
- Memorandum & Articles of Association / Constitution.
- Board Resolution for investment in AXIOM (Mauritius) Equity Ltd.
- List of authorised signatories and specimen signatures.
- List of all registered directors (updated) together with their ID/passport, proof of address. (not more than 3 months old).
- List of controlling shareholders
- Latest audited financial statements / management accounts.
- Proof of ID and Residential Address (not more than 3 months old) for at least two directors.
- Proof of ID/passport and Residential address (not more than 3 months old) for the authorised signatories.
- Proof of ID/passport and Residential address (not more than 3 months old) for the all registered shareholders.
- Additional KYC documents may be required.

3. Payment:

Payment should be made by cheque or by bank transfer to the following account

Beneficiary's Name : AXIOM (Mauritius) Equity Ltd
Beneficiary's Account Number : 000442891504
IBAN no : MU96MCBLO944000442891504000MUR
Beneficiary Bank : MCB
Bank's Address : PORT LOUIS
Swift Code : MCBLMUMU

4. Submission:

Send your application (with cheque if applicable) to the following address

6th Floor, Dias Pier Building, Le Caudan Waterfront
Caudan, Port Louis, 11307, Mauritius
Tel: (230) 405 4000
Fax: (230) 211 9833

Trading Information

- AXIOM (Mauritius) Equity Ltd is a weekly traded fund that trades on the last business day of the week.
- Your application form together with the required documents and money should reach us at latest 1 business day before the trading day.

AXIOM (Mauritius) Equity Ltd - Application Form 'Corporate'

Please complete this form in BLOCK CAPITALS.

Section 1: Name Details

Company or Institution Name

Date of Incorporation Company Number

Business Sector

Contact Person

Title Surname

First Names

Phone

Email

Occupation

Section 2: Address (All correspondence will be sent to this address and instructions to be received from this address)

Address

Country

Email

Phone Fax

Section 3: Payment to you (All payment will be effected to the below bank account)

Bank Name

SWIFT / Sort Code

Address

Country

Account Name

Account Number

Correspondent / Pay Through bank

Address

SWIFT / Sort Code

Settlement Currency

Please contact your bank if you do not know the SWIFT / Sort Code

Initial(s) _____

AXIOM (Mauritius) Equity Ltd - Application Form 'Corporate'

Please complete this form in BLOCK CAPITALS.

Section 4: Declaration of source of wealth and source of funds

We hereby declare that the funds to be injected into AXIOM (Mauritius) Equity Ltd represent the wealth accumulated from the following source and emanate from the country specified below:

- | | |
|------------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Trade/Business Revenue | <input type="checkbox"/> Loan |
| <input type="checkbox"/> Investment Income
(ex: Dividends, Rent, Interests etc) | <input type="checkbox"/> Shareholder funds |
| <input type="checkbox"/> Sale of property/shares/business | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Reserve | |

Detailed information on the above source of funds:

Country of origin of funds: _____

Please note that:

1. The funds to be received from any sanctioned countries will not be accepted.
2. Evidence justifying the source of funds / wealth coming from High Risk countries or countries with strategic deficiencies as per FATF (ask your contact person for details thereof) will be required.

Investment Details (Please complete where applicable)

Please accept this application to purchase shares in AXIOM (Mauritius) Equity Ltd in the following manner:

Class R Participating shares

- | | | | | | |
|-----------------------------------------------|----------|----------------------------------------------------------------|--------|-------|-----------------|
| <input type="checkbox"/> Lump Sum | Currency | <input type="text"/> <input type="text"/> <input type="text"/> | Amount | _____ | |
| <input type="checkbox"/> Recurring Investment | Currency | <input type="text"/> <input type="text"/> <input type="text"/> | Amount | _____ | Frequency _____ |

Class I Participating shares

- | | | | | | |
|-----------------------------------------------|----------|----------------------------------------------------------------|--------|-------|-----------------|
| <input type="checkbox"/> Lump Sum | Currency | <input type="text"/> <input type="text"/> <input type="text"/> | Amount | _____ | |
| <input type="checkbox"/> Recurring Investment | Currency | <input type="text"/> <input type="text"/> <input type="text"/> | Amount | _____ | Frequency _____ |

We confirm that:

1. I/We am/are acting on behalf of the corporate body named on this form as beneficial owner and not as nominee; and
2. The funds have been adequately disclosed and taxed in line with any laws and regulations of their country of origin
3. The declaration made above is true, complete, and accurate in all respects and we undertake to immediately notify AXIOM (Mauritius) Equity Ltd of any act or thing that would render the declaration untrue, incomplete and inaccurate.

Initial(s) _____

AXIOM (Mauritius) Equity Ltd - Application Form 'Corporate'

Please complete this form in BLOCK CAPITALS.

Section 5: Declarations and Disclaimers

Declarations

1. I/We acknowledge that I/we shall provide the evidence required by applicable Mauritian laws and regulations.
2. I/We understand that all instructions must be in writing and emanate from myself/ourselves or from any person duly appointed by me/us by an instrument in writing. If any person is signing on behalf of an investor, the relevant mandate or other accepted evidence of authority should be attached.
3. I/We understand that AXIOM (Mauritius) Equity Ltd shall not be under any obligation to verify the authenticity of any instructions given pursuant to this form, whether by fax, phone or email.
4. I/We confirm that the above authorisations will remain in effect until a revocation in writing has been received by AXIOM (Mauritius) Equity Ltd.
5. I/We hereby undertake to hold harmless AXIOM (Mauritius) Equity Ltd for any losses or expenses incurred as a result of the latter acting pursuant to the above considerations, save where such losses or expenses arise from the gross negligence or wilful misconduct by officers of AXIOM (Mauritius) Equity Ltd.
6. Any changes to the information submitted in this document shall be notified in writing withn acceptable delay.
7. We have read and understood the content of the offering documents and agree to be bound by the terms and conditions thereof.
8. I/We wish that all transactions and change instructions relating to this investment be signed in accordance with the Board Resolution.

Disclaimers

1. If AXIOM (Mauritius) Equity Ltd does not receive satisfactory evidence, then further information may be requested. AXIOM (Mauritius) Equity Ltd reserves the right not to procede with the investment until such information is received.
2. Payments will only be made in accordance with section 3 (except if a specific request to the contrary is made in writing).
3. A Pay through/Correspondent Bank is required when the currency is being paid to a country other than the country of origin i.e. USD being paid to the UK must be routed through a bank based in New York and then onto the UK bank. AXIOM (Mauritius) Equity Ltd shall not be responsible for any delay caused by such transfers nor any eventual loss arising out of the delay caused by such transfers.

Section 6: Signatures

By signing below, I/we confirm that I/we agree to the terms and conditions of this investment. I/we also confirm that I/we understand the risks associated with this investment.

Full Name: _____ Full Name: _____

Capacity: _____ Capacity: _____

Signature:

Signature:

Date ____ / ____ / ____

Internal Use

Relationship Manager (Full Name): _____

Signature:

Date ____ / ____ / ____