

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

1. Application Form:

Complete sections 1-7

2. Supporting Documents:

Attach certified true copies of the following documents for each individual on this application form

- National Identity Card or Passport
- Utility Bill or bank/credit card statement (not more than 3 months) old as proof of address.
- Proof of source of funds

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 : MU96MCBL0944000442891504000MUR
Beneficiary Bank : MCB
Bank's Address : PORT LOUIS
Swift Code : MCBLMUMU

4. 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 supporting documents and funds should reach us at latest 1 business day before the trading day.

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

Please complete this form in BLOCK CAPITALS.

Section 1: Name Details

First Holder

Title	<input type="text"/>	Surname	<input type="text"/>
First Names	<input type="text"/>		
Maiden Name	<input type="text"/>		
Marital Status	<input type="text"/>	Citizenship	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	I.D. Card/Passport No.
Occupation	<input type="text"/>		

Second Holder

Title	<input type="text"/>	Surname	<input type="text"/>
First Names	<input type="text"/>		
Maiden Name	<input type="text"/>		
Marital Status	<input type="text"/>	Citizenship	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	I.D. Card/Passport No.
Occupation	<input type="text"/>		

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

Address	<input type="text"/>		
Country	<input type="text"/>	Phone	<input type="text"/>
Email	<input type="text"/>		

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

Bank Name	<input type="text"/>		
SWIFT / Sort Code	<input type="text"/>		
Address	<input type="text"/>		
Country	<input type="text"/>		
Account Name	<input type="text"/>		
Account Number	<input type="text"/>		
Correspondent / Pay Through bank	<input type="text"/>		
Address	<input type="text"/>		
SWIFT / Sort Code	<input type="text"/>		
Settlement Currency	<input type="text"/>		

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

Section 4: Legal Instruction

Joint Holder's Declaration

I/We wish that all transactions and change instructions relating to this investment be signed by

All joint holders The first holder only Any one holder

Initial(s) _____

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

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Section 5: Declaration of source of wealth and source of funds

I/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"/> Employment/Self-Employment Income | <input type="checkbox"/> Sale of property/Shares/Business |
| <input type="checkbox"/> Trade/Business Revenue | <input type="checkbox"/> Personal Savings |
| <input type="checkbox"/> Inheritance | <input type="checkbox"/> Loan |
| <input type="checkbox"/> Investment Income
(ex: Dividends, Rent, Interests etc) | <input type="checkbox"/> Other (please specify) _____ |

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

Class I Participating shares

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

I/We confirm that:

1. I/We am/are acting in my /our own name(s) and as beneficial owner(s) and not as nominee(s); 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 I/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 'Individual'

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Section 6: Declarations and Disclaimers

Declarations

1. I/We acknowledge that I/we will 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 further understand that if I/we choose to give instructions by fax or by email, I/we do so at my/our own risk.
4. 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
5. I/We confirm that the above authorisations will remain in effect until a revocation in writing has been received by AXIOM (Mauritius) Equity Ltd
6. 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.
7. Any changes to the information submitted in this document shall be notified in writing within acceptable delay.
8. I/We have read and understood the content of the offering documents and agree to be bound by the terms and conditions thereof.

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 proceed with the investment until such information is received.
2. Payments will only be made to the first registered holder, or the joint holders (except if a specific request to the contrary is made in writing).
3. In the case of the death of anyone of the joint holders, the survivor shall provide the relevant estate documentation to AXIOM (Mauritius) Equity Ltd. (if applicable)
4. 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 in any such transfer nor any loss arising from the delay to effect this transfer.

Section 7: 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.

All holders must sign this form

Full Name: _____

Full Name: _____

Signature of holder 1:

Signature of holder 2:

Date ____ / ____ / ____

Internal Use

Relationship Manager (Full Name): _____

Signature

Date ____ / ____ / ____