



SBM
Unit Trust

SBM UNIVERSAL FUND

APPLICATION FORM MONTHLY SAVINGS PLAN

SECTION 1- INVESTMENT DETAILS

I/We wish to invest an initial amount of Rs.

(amount in words) Rupees

in Units of SBM UNIVERSAL FUND and enclose my/our remittance in favour of the Fund. I/We also enclose my/our duly Standing Order Instruction form in respect of further investments of Rs to be effected each month.

- Initial and monthly investment is Rs200.00.
- Initial payment should be effected in cash or cheque together with this application.
- Subsequent monthly investments for a minimum of Rs200.00 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 Part D.

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



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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 (S) :

FOR OFFICE USE ONLY

Receipt No. :

Collecting Agent :

Agent Ref :

CASH : ☐

CHEQUE : ☐

Rs

Bank

A/c No.

Cheque No.

Chq Date

Amount

Processed by :

Name :

Initials :

Create

Unitholder Reference

Deal

Contract No.

Collection

Certificate Number

Approved by :

Name :

Initials :