



ADDITIONAL INVESTMENT APPLICATION FORM

IMPORTANT NOTICE

You may sign this application form by printing and signing it in wet signature. In addition, pursuant to the Electronic Transaction Act 2000, you may also sign this application form by using an electronic signature. Please note however that The Investment Platform can only accept e-signature using Adobe. Should you wish to sign this document using an e-signature please email us on info@theinvestmentplatform.co.uk with subject E-SIGNATURE OF TIP FORM prior to completing this form. We shall thereafter send you the requirements for signing the application using an electronic signature.

DEALING FEES:

The dealing fees will be 20 bps and are to be borne by the client.

MANAGEMENT FEE:

The annual management fee is **% per annum**, based on the market value of the portfolio. The management fee will be calculated and accrued daily, and deducted from the cash account on a monthly basis.

BANK CHARGES:

All Bank Charges applied by The Mauritius Commercial Bank Limited will be borne by the Client. Bank Charges are a minimum of EUR 35 per swift transaction. However should any rebate be received from The Mauritius Commercial Bank Limited, this will be applied to the client's investment as rebate income according to the proportion of their shareholding to the total.

OUT OF POCKET EXPENSES:

All out of pocket expenses will be passed on to the client in respect of any of his/her activities.

I hereby agree to the above fees and authorize the Investment Advisor, to receive and process all fees from my Investment Platform ("TIP") account. I also agree for my account to be debited from the investment funds, at the manager's discretion, to replenish the cash account once its balance approaches zero.

(i) _____
Print Name & Title

Specimen Signature

(ii) _____
Print Name & Title

Specimen Signature

SOURCE OF FUND / WEALTH CONFIRMATION FORM

This form must be completed by Applicant for Business, including Investor(s), Shareholders / Beneficial Owners.

SECTION 1 - GENERAL INFORMATION

ENTITY NAME:			
APPLICANT NAME:			
CLIENT ACCOUNT NUMBER:			
INVESTMENT / SETTLEMENT AMOUNT:		CURRENCY:	
PROPERTY TYPE - Please Tick (✓):	CASH	KIND	

SECTION 2 - SETTLOR(S) AND CONTRIBUTOR(S) OF CAPITAL (THE "APPLICANT")

DESCRIPTION OF SOURCE OF FUNDS / WEALTH* INVESTED BY APPLICANT:	
Income from employment	Occupation & Gross salary:
	Last year's income and bonus. <small>If retired, please enter final year's income. If company has a website, enter it here:</small>
	Bonus (if any):
Income from your business	Website:
Investment / Savings	Amount of investment / savings:
	Length of investments / savings:
	Details where the funds are held:
	Account name:
	Account number:
Sales of share	Name of financial institution:
	Description of shares / units (i.e name):
	Name of seller:
	Length of time held:
Maturing or surrender of life policy	Sales amount:
	Date fund received:
	Policy provider:
	Policy number / reference:
	Date of maturity or surrender:
Sale of property	Amount received:
	Sold property address:
	Date of sale:
Other	Total sales amount:
	Provide details:
	INVESTOR / SETTLOR INITIALS
	DATE

SECTION 3 – SOURCE OF FUNDS / WEALTH* CONFIRMATION FORM (CONTINUED):

Description of source of fund:	Documentary evidence required**:	Please Tick (✓)	Comments (if any):
Income from employment or income from your business	<ul style="list-style-type: none"> Original or certified true copy of recent pay slip (or bonus payment) Recent accounts if self employed 		
Investment/savings	<ul style="list-style-type: none"> Investment/savings certificates/contract notes/statements or confirmation from relevant investment company Bank statement showing receipt of funds by investment company 		
Sale of shares	<ul style="list-style-type: none"> Legal sale document Copy of contract notes 		
Maturing/surrender of policy	<ul style="list-style-type: none"> Certified copy of closing statement Letter confirming surrender 		
Sale of property	<ul style="list-style-type: none"> Certified copy sale contract 		
Other	<ul style="list-style-type: none"> Please provide supporting evidence as necessary 		

(Please delete as appropriate and leave out either “source of funds” or “source of wealth” only as applicable)

** Please note that this form is provided for your convenience only. When obtaining confirmation and evidence on source of funds (SOF), the type of evidence depends on the disclosure (by the Applicant) of SOF, which is not exhaustive, and may or may not be covered in this form. Therefore, we would recommend that where the Applicant is not able to satisfy the documentary requirement per this form, the Applicant should consult with their Independent Financial Advisers (IFAs) or with the administrators of the investee for alternative confirmations.

ADDITIONAL COMMENTS:

I/We confirm that the information provided above in this form is to the best of my / our knowledge true and correct and that the funds are free of any liens, debts or encumbrances and are of legitimate origin.

Signature

Name:

Applicant / Representative:

Capacity of Representative:

Date:

Signature

Name:

Applicant / Representative:

Capacity of Representative:

Date:

BANK ACCOUNT DETAILS

Name of beneficiary: The Investment Platform (SK 1607718-1) Please quote the reference SK1607718-1 in all payment instructions
Bank: The Mauritius Commercial Bank Ltd
Address: Sir William Newton Street, Port Louis, Mauritius.

CUR	ACCOUNT NO	IBAN	Swift code
GBP	000444073728	MU98MCBL0944000444073728000GBP	MCBLMUMU
EUR	000444073687	MU60MCBL0944000444073687000EUR	MCBLMUMU
USD	000444073582	MU79MCBL0944000444073582000USD	MCBLMUMU

SECTION 1 - FINANCIAL ADVISOR DETAILS

FINANCIAL ADVISOR FIRM NAME			
FINANCE ADVISOR'S NAME		BUSINESS NUMBER	
OFFICE NUMBER		MOBILE NUMBER	
EMAIL ADDRESS			

SECTION 2 - DECLARATION BY FINANCIAL ADVISOR

The Financial Advisor indemnifies The Investment Advisor against any costs incurred as a result of inaccurate information given.

- I/We hereby certify that I/We have independently verified all the relevant applicants' identities and personal details, as disclosed on this Application Form, and enclose certified copies of all requisite documents for your records.
- I/We hereby certify that I/We have known the Applicant(s) for _____ year(s).
- I/We am not aware of any reason why this investment should not be concluded.
- I/We have reviewed and completed the Financial Advisor section above and declare that, to the best of my knowledge and belief, the information given in this Application Form is true and complete.
- I/We have taken reasonable steps to ensure that the funding is legitimate to the best of my/our knowledge.
- all the information provided by the Applicant(s) is true and complete and has been obtained by me, from the applicant(s).
- I/We have not made any changes to the Application form after the company directors/ authorized signatories have signed it on behalf of the company.

Signature

Date

SECTION 3 - FOR COMPLETION BY CLIENT

I/We acknowledge having appointed _____ (Name of Financial Advisor) as my/our Financial Advisor. I/We confirm having read and understood the terms of the Agreement with the Financial Advisor and agree that I/we shall at all times act in accordance with them.

Signature

Signature

Name:

Name:

Capacity:

Capacity:

Date:

Date:

Dear Sir/Madam,

Investment Recommendation from The Investment Platform (“TIP”)

I, the undersigned, confirm that I wish TIP to proceed with the investment instruction (the “Investment”)

I further confirm that:

1. I/We have not been provided with any investment recommendations from TIP.
2. I/We understand that TIP does not warrant or guarantee the success of any action that I/We may have taken through the investment instruction
3. The beneficial owner is aware of the charges that apply to the proposed investments. We are aware of the fees payable within this investment (if relevant) and that these fees exist partly to meet promotion and distribution expenses of the fund(s), including commission paid to my/our appointed Financial Adviser.
4. I/We are aware of the risks associated with the Investment, and represent and warrant that we have assessed and understood these risks.
5. I/We are aware that my/our personal data (including due diligence documents) may be shared/forwarded to third parties for the purpose of proceeding with the investment instruction
6. I/We authorize TIP to share the due diligence documents on our beneficial owner should there be a request from a third party to conclude the investment instruction
7. I/We are aware that TIP does not accept any responsibility or liability for any loss or damage, which may incur from your investment that is made at your own risk.

In view of the above, I/We confirm that under no circumstances shall TIP or its officers, directors, owners, partners, employees, agents, information providers, licensors and licensees be held liable for any direct, indirect, incidental, consequential, special or exemplary damages arising out of my/our investment.

I/We hereby undertake and agree to indemnify, defend and hold harmless TIP (specifically including its officers, directors, owners, partners, employees, agents, information providers, licensors and licensees) (collectively, the “Indemnified Parties”) from and against any and all claims, losses, costs and expenses (including attorneys’ fees) arising out from or relating to my/our investment.

I/We further confirm that I/We shall not enter into any settlement agreement, which affects the rights of any of the Indemnified Parties or requires the taking of any action by any of them, without their prior written approval.

Signature		Signature	
Name		Name	
Capacity		Capacity	
Date		Date	