

NIT Unit Trust

Investment Application Form



Section 1 : Verification of identity

Please use BLOCK CAPITALS to complete this form

INDIVIDUAL APPLICANT		
	FIRST APPLICANT	JOINT APPLICANT
Title		
Surname		
Full Forenames		
Maiden Name (if applicable)		
Permanent Residential Address		
Mailing Address (if different)		
Date of Birth		
NIC or Passport number		
Telephone (Home)		
Telephone (Office)		
Telephone (Mobile)		
E-Mail Address *		
Occupation		
Source of Funds		

Legal Instructions (if applicable)

Joint applicants' declaration [Please tick]

In the case of joint investors, National Investment Trust Ltd. and the Fund are authorized until further notice in writing:

To accept instructions from anyone of us

To accept instructions signed by all of us

If none of the above are ticked, National Investment Trust Ltd. and the Fund are authorized, until further notice in writing, to accept instructions signed by all investors. If any person is signing on behalf of an investor, the relevant Mandate or other evidence of authority should be attached.

CORPORATE APPLICANT	
Name of Corporate Entity	
Registered Address	
Mailing Address (if different)	
BRN	
Contact Person(s)	
Telephone	
Fax	
E-Mail *	

* Agreeing to receive statements by email means that you will receive periodic emails from National Investment Trust Ltd. (NIT). NIT will try to send more relevant information about this product to your email. NIT warrants that his partners will not be given direct access to your email address.

Section 2 : Investment choice

Please indicate the sub-fund(s) in which you wish to invest:

Sub-Fund	Lumps Sum Investment	Monthly Savings Plan (MSP)
NIT Local Equity Fund	Rs	Rs
NIT Global Opportunities Fund	Rs	Rs
NIT North America Fund	Rs	Rs
NIT Europe Fund	Rs	Rs
NIT Emerging Markets Fund	Rs	Rs
NIT Global Bond Fund	Rs	Rs
NIT Global Healthcare Fund	Rs	Rs
NIT Global Value Fund	Rs	Rs
TOTAL	Rs	Rs

Section 3 : Payment Method

Please choose your method of payment

- Cash
- Cheque
- Monthly Saving Plan (Please use Bank Order Form attached)
- Bank transfer to the following account number

NIT Local Equity Fund	SBM 6103110000964
NIT Global Opportunities Fund	SBM 6103110000982
NIT North America Fund	SBM 61030100056786
NIT Global Value Fund	SBM 61030100056772
NIT Global Healthcare Fund	SBM 61030100056763
NIT Global Bond Fund	SBM 61030100056745
NIT Emerging Markets Fund	SBM 61030100056731
NIT Europe Fund	SBM 61030100056722

Section 4 : General declarations

Please read the following carefully. All investors must then sign and date this application form.

I/We apply to invest in units of the sub-fund(s) according to the terms of the Prospectus of the sub-fund(s) and in accordance with the Instructions and Conditions given with this application form.

I/We hereby acknowledge that we have read and understood the Prospectus and agree to be bound by the provisions of the Trust Deed, the Supplemental Deed and the Financial Intelligence and Anti-Money Laundering Act 2002, as may be amended from time to time.

I/We acknowledge that neither the Manager nor the Trustee or any other functionary of the sub-fund(s) guarantees the performance of the sub-fund(s) or the repayment of capital or any particular rate of return or any distribution.

In accordance with anti-money laundering requirements, I/we confirm that I/we have provided verification documents as requested in this form and hereby consent to The National Investment Trust Ltd making reasonable enquiries for the purpose of verifying the information disclosed and obtaining information about me/us.

I/We confirm that the monies I am/we are hereby investing are not proceeds from drug trafficking, illegal arms dealing, robbery or other similar criminal activities and that my/our investment is not designed to conceal such proceeds so as to avoid prosecution for an offence.

I/We declare to the best of my/our knowledge that all statements made in this application and all related documents are true and correct. I/We undertake to promptly notify the Manager of any change in the information and details submitted in this form.

Signature		
Date		
Name of Signatory		
Capacity		
NIC or Passport No.		

Corporate Seal

Section 5 : Instructions and Conditions

1. Copies of the Prospectus, Trust Deed and Supplemental Deed are available at the office of the Manager during office hours.
2. Applications may only be made by persons of 18 years of age or more. However, a parent or guardian of a child under 18 years old may apply on behalf of the child.
3. Not more than two joint applicants will be accepted per application.
4. Applications may be rejected if relevant instructions are not complied with.
5. To meet the requirements of the Financial Intelligence and Anti-Money Laundering Act 2002, investors are required to attach the following documents with this application form:

Individual Clients

- (1) Certified copy* of their National Identity Card or Passport and Birth Certificate (for minors)
- (2) Certified copy* of a recent utility bill, showing your names and Permanent Residential Address

Corporate Clients

- (1) Certified copy* of Certificate of Incorporation **or**
- (2) Certified copy* of Memorandum & Articles of Association
- (3) List of Authorized signatories (With Certified copy* of NIC and Utility Bills)
- (4) Extract of Minutes of procedures authorizing investment.

* You may alternatively produce the original documents and their photocopies at our office and we will be pleased to certify the copies for you.

6. Once the completed application form has been submitted and payment remitted, units will be allocated at the issue price ruling on the next valuation day after the payment is received. A contract note will then be sent within 3 business days of the date of the transaction to the investor, showing the number of units purchased and the price. Application Forms and all related documents should reach the Manager before 10h00 on the Valuation day. All applications received after 10h00 will be processed at the following Valuation day Day's issue price. Valuation Day for all sub-fund(s) are every Thursday, if the latter is a Mauritian Business Day, otherwise the next Mauritian Business Day will be used as the Valuation Day.

Office use only	
Date	
Received by	
Processed by	
KYC Complete	
No of units	
Amount	
Folio No.	
Verified by	

Section 6 - Data Collection and Protection

6.1 The Investor acknowledges, understands and agrees that the Relevant Functionary shall, for the performance of its obligations hereunder, collect and, where necessary or required, process, personal information which the Investor hereby voluntarily discloses to it (the "Personal Data"). The Relevant Functionary undertakes to treat the Personal Data confidentially and securely in line with the provisions of the Data Protection Act 2004, as amended from time to time.

6.2 Subject to the payment of a prescribed fee (if any), the Investor acknowledges that he has the right of access to, the possibility of correction of and destruction of, the Personal Data which is in the custody or control of the Relevant Functionary.

6.3 Save as otherwise herein provided, the Relevant Functionary undertakes not to reveal or otherwise disclose the Personal Data to any external body, unless (i) it has obtained the express consent of the Investor, or (ii) it is under either a legal obligation or any other duty to do so, or (iii) the Personal Data is disclosed to any agent, third party service provider, professional adviser or any other person under a duty of confidentiality to the Relevant Functionary group, as well as to certain service providers within the Relevant Functionary group. The Investor expressly acknowledges and agrees that the foregoing disclosures may require that the Personal Data be transferred to parties located in countries which do not offer the same level of data protection as the Investor's home country.

6.4 The following paragraph shall apply to non-individual applicants only:

Where personal information relating to the officers, employees and directors of the Investor is, or is required to be, collected by the Relevant Functionary, the Investor expressly agrees and procures to do all such things that may be required by the Relevant Functionary to ensure that its officers, employees and directors are made aware of the data protection provisions herein and that such officers, employees and directors give their consent with regards to the collection, processing and transfer of such personal information by the Relevant Functionary in accordance with this section on data protection.

Bank Order Form

Date:

To the Manager of

Branch :

Address:

Please pay to the **SBM Bank (Mauritius) Ltd**, Port Louis Branch for the credit of

Account No : **SBM**

Amount : Rs

Amount (in words) :

Frequency : On the day of each month

As from/...../.....

Until further notice and debit my/our account:

Account holder:

Account number:

ID No:

Tel. No:

I/We here by authorise you to set-up this standing order payment on my account:

.....
First Applicant Signatory

Name:

Address:

.....
Joint Applicant Signatory

Name:

Address:

Instructions to paying bank:

Please quote particulars hereunder when effecting transfer.

Name in full: Folio Code: