

CORPORATE ACCOUNT DETAILS

Date:

I/We hereby request you to set up an Account as per the particulars hereunder:

SECTION 1 - CORPORATE DETAILS

Registered Name					
Registered Address					
Country of Registration					
Registration Number					
Date of incorporation/est.					
Is the entity regulated?	No	Yes	(If yes provide license number below)		
Entity License Number	(Please submit authorisation or licence of the regulated entity)				
Legal Status (please tick as appropriate)	Public Company Parastatal Body	Private Company Cooperative	Club Other (please specify)	Association	Pension Fund
Authorised Share Capital					
Issued Share Capital					
Significant Shareholders					
Telephone Number					
E-mail address					

SECTION 2 - ACCOUNT DETAILS

Account(s) Required	Currency:	USD	EUR	GBP	Other (please specify)
Account Designation					If required, please specify any special identification to be added to the account description
Authorised Person	No	Yes	(if yes, please complete "Appointment of Authorised Person" form)		
Correspondance Address					(Please indicate to which address you wish all correspondence (incl. notices, statements, reports to be sent)
Valuation Currency (please tick as appropriate)	USD	EUR	GBP	Other (please specify)	
				(Specify the currency in which you wish to receive valuations of your Account)	

BANK ACCOUNT DETAILS

Name of beneficiary: The Investment Platform (1607718-1) - Please quote the reference 1607718-1 in all payment instructions

Bank: The Mauritius Commercial Bank Ltd

Address: Sir William Newton Street, Port Louis, Mauritius.

Currency	Account No	IBAN	Swift Code
GBP	000444073728	MU98MCBL0944000444073728000GBP	MCBLMUMU
EUR	000444073687	MU60MCBL0944000444073687000EUR	MCBLMUMU
USD	000444073582	MU79MCBL0944000444073582000USD	MCBLMUMU

SOURCE OF FUNDS / WEALTH CONFIRMATION FORM

This form must be completed by Applicant for Business, including Investor(s), Shareholders / Beneficial Owners, Settlor(s) and Contributor(s) of Capital (the "Applicant")

GENERAL INFORMATION

Entity Name		
Applicant Name		
Investment/Settlement Amount		Currency:
Property Type	Cash	Kind

DESCRIPTION OF SOURCE OF FUNDS/WEALTH INVESTED BY APPLICANT

Income from Trading	Business Sector:	
	Last year's Gross Profit:	
	Last Year's Net Profit:	
	Net Assets:	
Investment / Savings	Amount of investment / savings:	
	Length of investments / savings:	
	Details where the funds are held:	
	Account name:	
	Name of financial institution:	
Sales of Shares	Description of shares / units (i.e. name):	
	Name of seller:	
	Length of time held:	
	Sales amount:	
Maturing or surrender of life policy	Date fund received:	
	Policy provider:	
	Policy number / reference:	
	Date of maturity or surrender:	
	Amount received:	
Sale of Property	Sold property address:	
	Date of sale:	
	Total sales amount:	
Other	Provide details	

Description of source of fund:	Documentary evidence required**:	Tick	Comments (if any):
Trading Profit	<ul style="list-style-type: none"> Recent accounts 		
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	
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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.

To:
The Investment Advisor
C/o OPEN SKIES MANAGEMENT SERVICES LTD
2nd Floor Ebene House,
33 Cybercity, 72201 Ebene,
Republic of Mauritius



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") dated the

I further confirm that:

1. We am/are (a) professional/sophisticated investor(s) who have a high net-worth and extensive experience in financial markets. Thus, We certify that I/We am/are not (a) retail investor(s) in this respect.
2. We have conducted detailed due diligence on the entity/investment(s) listed on TIP and have verified all its associated material facts.
3. We have not been provided with any investment recommendations from TIP.
4. We understand that TIP does not warrant or guarantee the success of any action that I/We may have taken through the investment instruction
5. 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.
6. We are aware of the risks associated with the Investment, and represent and warrant that we have assessed and understood these risks.
7. 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
8. 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, 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.

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.

We further confirm that 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	