

All standing Order Instruction forms duly completed by Applicants must be sent, together with the Monthly Savings Plan Application Form, 10 business days before the end of the month to :SBM Mauritius Asset Managers Ltd, State Bank Tower, 1 Queen Elizabeth II Avenue, Port Louis, for onward transmission to the Applicant's bank.

Please complete the sections below in BLOCK CAPITALS.

Date :

To : The Manager

(Bank)

(Branch)

(Address)

Dear Sir / Madam

Please debit my/our Savings/Current\* Account number \_\_\_\_\_ with the sum of Rs. \_\_\_\_\_ (amount in words) Rupees \_\_\_\_\_ on the last business day of each month as from \_\_\_\_\_ until further notice\* and credit SBM YIELD FUND A/C NO. 61030100037900 with State Bank of Mauritius Ltd.

I/We\* authorise you to debit my/our\* account with the relative bank charges.

I/We\* subscribe to the condition that any amendment to the above instruction requires prior notice to the Manager, SBM Mauritius Asset Managers Ltd.

Yours Faithfully

SIGNATURE (S):

NAME:

ADDRESS:

TELEPHONE NO:

\*Delete as appropriate

**FOR OFFICE USE ONLY**

INSTRUCTIONS TO PAYING BANK : Please quote particulars mentioned hereunder when effecting transfer.

PAYEE'S A/C NO.

61030100037900

PAYEE'S NAME

SBM INVESTMENT UNIT TRUST A/C SBM YIELD FUND

REFERENCE