

HOW TO USE THIS APPLICATION FORM

EKADA Yield Fund Ltd (Corporate Application)

1. Complete sections 1 - 4 of the Application Form

2. Attach your payment and documents as per Appendix A.

3. Payment

Payments should be made in Mauritian Rupees by cheque or by transfer to the following Account:

Beneficiary's Name:	EKADA Yield Fund Ltd
Beneficiary's Account Number:	001320300978025
IBAN no:	MU21AFBL2501320300978025000MUR
Beneficiary Bank:	AfrAsia Bank Limited
Bank's Address:	Bowen Square, 10 Dr. Ferriere Street, Port Louis, 11328 Mauritius
Swift Code:	AFBLMUMU

4. Send to:

EKADA CAPITAL LTD
IFC4 Building,
Dr. Ferriere Street,
Port Louis, 11328
Mauritius
Tel: (230) 260 1515
E-mail: contact@ekadacapital.com

5. Trading

- The EKADA Yield Fund Ltd is a Weekly traded fund and trades on the last business day of the Week, "which is the Dealing Day".
- Your application form together with the required documents and money should reach us at latest 1 business day before the Dealing Day.

6. Dividend Payments

Dividend payments can be done on an annual / bi-annual basis. Dividend amounts received will depend on the performance of the fund for the corresponding period.

EKADA Yield Fund Ltd

(for opening or modification of an account in the EKADA Yield Fund Ltd)

Please complete this form in BLOCK CAPITALS.

SECTION 1 - PARTICULARS OF APPLICANT

Company or Institution Name:

Full Name of First Contact Person:

Date of Incorporation: I.D. Card/Passport No.

Occupation

Contact Person/s

Title Surname

Maiden Name

Marital Status Citizenship

First Names

Date of Birth I.D. Card/Passport No.

Occupation

SECTION 2 - ADDRESS

Address

Postal Code

Country

Email

SECTION 3 - PAYMENTS TO YOU

Instructions for Dividend Paid by Cheque Paid by Bank Transfer Reinvested in the Fund

Please provide below your bank account details from which the subscription will be remitted and to which dividends will be paid:

Correspondent Bank Name:

Correspondent Bank Address with Postal Code:

Correspondent Bank SWIFT / Sort Code:

Beneficiary Bank Name:

Beneficiary Bank Address with Postal Code:

Beneficiary Bank SWIFT / Sort Code*:

Beneficiary Account Name:

Beneficiary Account Number:

IBAN Number (where applicable):

*Please contact your bank if you do not know the SWIFT / Sort Code

SECTION 4 – CONSENT FOR ELECTRONIC COMMUNICATION

I/We, hereby consent to receive notices, dividend advices, annual reports and other shareholder documents issued by EKADA Yield Fund Ltd via email on the email address provided under Section 2 above.

Yes

No

GENERAL DECLARATIONS

1. I/We acknowledge that I/we will be required to provide the evidence required by applicable laws and regulations for anti-money laundering checks. If EKADA Yield Fund Ltd does not receive satisfactory evidence, then further information may be requested. EKADA Yield Fund Ltd reserves the right to not process the investment until such information is received.
2. I/We understand that all instructions must be in writing and emanate from myself/ourselves or from any person duly appointed by me/us by an instrument in writing. I/We further understand that if I/we choose to give instructions by fax I/we do so at my/our own risk.
3. I/We understand that the Fund and the Manager shall not be under any obligation to verify the authenticity of any instructions given pursuant to this form, whether by fax or phone.
4. I/We confirm that the above authorisations will remain in effect until a revocation in writing has been received by Fund.
5. I/We hereby hold harmless the Fund and the Manager for any losses or expenses incurred as a result of any of them acting pursuant to the above considerations, save where such losses or expenses arise from the gross negligence or wilful misconduct of such parties.
6. Any changes to the information submitted in this document shall be notified in writing in acceptable delay.
7. I/we hereby acknowledge and agree that the Fund and the Manager, may deliver and make reports, statements and other communications available in electronic form, such as e-mail or by posting on a secure website.
8. I/We understand and agree that any redemption proceeds paid to me/us will be paid to the same account from which my/our investment in the Fund was originally remitted, unless the Fund, in its sole discretion, decides otherwise.
9. I/We agree my/our electronic signature is the legal equivalent of my/our manual/handwritten signature on this Application Form. I/We further agree that my/our signature on this document (hereafter referred to as my/our "E-Signature") is as valid as if I/We signed the document in writing. I/We also agree that no certification authority or other third-party verification is necessary to validate my/our E-Signature, and that the lack of such certification or third-party verification will not in any way affect the enforceability of my/our E-Signature or any resulting agreement between myself/us and the Fund.

DECLARATION – SOURCE OF FUND AND WEALTH CONFIRMATION

1. I/We confirm that the funds and/or assets (the "Assets") transferred or to be transferred to Fund are sourced from my/our personal assets and/or from benefits of transactions due to me/us all of which are known to me/us.
2. I/We confirm that the Assets transferred now or at any time in the future to the Fund are not/will not be derived from or otherwise be connected with any activity which is illegal or unlawful either in their country of origin or in the location in which the company is established.
3. I/We further confirm that the transfer of assets to the Fund are not in breach of money laundering regulations and laws applicable to Mauritius including The Financial Intelligence and Anti-Money Laundering Act 2002, The Prevention of Corruption Act 2002 and The Prevention of Terrorism Act 2002.

Notes

1. If any person is signing on behalf of an investor, the relevant mandate or other accepted evidence of authority should be attached.
2. Payments will only be made to the bank account provided under Section 3 (except if a specific request for change is made in writing).
3. A Correspondent Bank is required when the currency is being paid to a country other than the country of origin i.e. USD being paid to the UK must be routed through a bank based in New York and then onto the UK bank. the Fund and the Manager shall not be responsible for any delay in any transfer nor any loss arising from the delay to effect this transfer.

By signing below, I/we confirm that I/we agree to the terms and conditions of this investment. I/we also confirm that I/we understand the risks associated with this investment.

Investment Details

Please accept this application to purchase shares in the EKADA Yield Fund Ltd

Currency	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gross Amount	_____
				Entry Fees	_____
				Net Amount	_____

All holders must sign this form

1

2

Date:/...../.....

Appendix A

KYC Documents to be provided*

- Certificate of Incorporation
- Constitution / Articles of Association / Memorandum of Association
- Register of Shareholders / Ultimate Beneficial Owner(s)
- Register of Directors
- Structure Chart
- Certificate of Current Standing
- Board Resolution approving the investment and designating the person authorized to sign the documents and provide instructions to the Fund including specimen signature
- National Identity Card / Passport of Shareholders / Ultimate Beneficial Owners / Directors / Authorised Signatories
- A recent proof of address of the Shareholders / Ultimate Beneficial Owners / Directors / Authorised Signatories - e.g., *Utility bill or bank/credit card statement or bank confirmation letter, dated less than three months*
- Signed Curriculum Vitae / Profile of the Shareholder / Ultimate Beneficial Owner
- Latest audited financial statements / Management Account / Financial Summary (if available)
- Evidence on the Source of Fund and Wealth (*as per Appendix B where applicable*)
- CRS/FATCA Self Certification Form (*as per Appendix C*)

**Any document, if not in original, shall be properly certified by an appropriate certifier. The documents may be certified by a lawyer, notary, actuary, an accountant or any other person holding a recognized professional qualification, a director or secretary of a regulated financial institution in Mauritius or in an equivalent jurisdiction, a member of the judiciary or a senior civil servant or a senior employee of a recognized bank.*

In all cases, the certifier should sign the copy of document and clearly indicate his: name, address and position or capacity on it together with contact details to aid tracing of the certifier.

Please note that documents certified by the Investment Manager or the Administrator of the Fund may be accepted.

You may contact EKADA CAPITAL LTD, the Investment Manager on 260 1515 or DTOS Ltd, the Administrator on 404 6000 with regard to the certification of documents. To note that the original documents must be viewed before certification.

Appendix B

Description of Source of Wealth	Documentary Evidence required
Savings from Salary	<ul style="list-style-type: none"> • Original or certified copy of Bank statements (at least for last 3 months)
Sale of assets or property	<ul style="list-style-type: none"> • Original Bank statement clearly showing receipt of funds; or » Certified copy of sale deed or contract, with value specified; or • Signed letter detailing funds from regulated accountant or solicitor; or • Certified investment certificates (for redeemed investments)
Inheritance	<ul style="list-style-type: none"> • Grant of Probate, with copy of will specifying value of the property/estate; or • Signed letter from Solicitor confirming ownership.
Company profits	<ul style="list-style-type: none"> • Certified copy of latest audited company accounts
Maturity or surrender of life policy	<ul style="list-style-type: none"> • Certified copy of closing statement; or • Letter from service provider confirming surrender
Employer paying premium	<ul style="list-style-type: none"> • Employer's reference letter on same; or • Certified copy of employer's latest audited accounts
Gifts	<ul style="list-style-type: none"> • Letter from donor confirming details of the gift; or • Original or certified copy of Bank statement

Appendix C

CRS/FATCA - Self-Certification Form

For the purpose of ensuring compliance with the provisions under FATCA and CRS, you are required to provide the below confirmation and required details. Kindly provide such information as at the date you are executing this form. With regards to the handling of the information being provided, please be informed that same shall be used strictly for our internal reference and record purposes. Thanking you.

For Internal Use

Name of related entity under DTOS administration:

Company Type:

Reporting period:

Part I: Account Holder – Entity

Entity's legal name:

Country of Incorporation:

Company number:

Name of Regulator:

Tax resident jurisdiction:

Tax Account Number:

Note: If the above tax particulars cannot be provided, kindly provide valid reasons:

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Part Ia (i): Controlling Person (CP) of the entity (if more than 1 CP, use additional sheet)

Name of Controlling Person:

Current Residence & Mailing Address:

Date of birth:

Place of birth:

Nationality:

Tax resident jurisdiction(s):

Tax Account Number(s):

Note: If the above tax particulars cannot be provided, kindly provide valid reasons:

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Part II: Account Review and Classification

Please circle as appropriate (Please provide supporting remarks, where applicable).

- (i) Does the entity conduct financial business and/or hold financial assets? Yes / No
- (ii) Is the entity registered with the US IRS for GIIN? Yes / No

If yes, please provide the GIIN:

(iii) For FATCA and CRS purposes, the entity is to be classified as:

- a) Direct reporting FFI
- b) Active NFE – more than 50% active income or start up or related to a listed entity
- c) Passive NFE – not an active NFE
- d) Non- Participating FFI
- e) Trustee documented trust
- f) Exempt Beneficial Owner

Supporting remark (s):

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Part III: Confirmation and Undertaking

I/We confirm that the above information provided are true, accurate and complete. In case of any change in the above particulars or any change in circumstance causing a change in the tax residency or FATCA/CRS classification, I/We undertake to inform DTOS Ltd within 90 days of such change. Consequently, an updated self-certification form, with supporting documents will be provided.

1) Name:

Position:

Signature:

Date:

2) Name:

Position:

Signature:

Date: