

## Client Registration Form (Institutional)

### Institution Details

Reg. Name: \_\_\_\_\_  
 Reg. Number: \_\_\_\_\_  
 Biz. Reg. Number: \_\_\_\_\_  
 Date of Incorpor.: \_\_\_\_\_  
 Country of Incorpor.: \_\_\_\_\_  
 Type of Inst.: \_\_\_\_\_

Is the institution listed on an Exchange?

No  Yes (If yes, please name the *Exchange* below)

\_\_\_\_\_

Biz. Activities: \_\_\_\_\_  
 Est. Yrly. Turnover: [RsM] \_\_\_\_\_  
 Total Assets: [RsM] \_\_\_\_\_  
 Source of Funds: \_\_\_\_\_

### Registered Address

Add. Line 1: \_\_\_\_\_  
 Add. Line 2: \_\_\_\_\_  
 City/Town: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Website: \_\_\_\_\_

### Primary Contact Details

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Compliance/MLRO Contact Details (If Applicable)

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Regulator Details (If Applicable)

Name: \_\_\_\_\_  
 Has the regulator issued on a license to the institution?  
 No  Yes (If yes, please provide *License* type and No. below)  
 License Type: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Website: \_\_\_\_\_

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### Customer Authorisations

Authority to give instructions is granted to:

Do you authorise AXYS Stockbroking Ltd to accept orders/instructions which are either called in by telephone or sent via email/fax at the institution's risk?

No  Yes (If you do, please fill in the *Indemnity Agreement*)

Do you authorise AXYS Stockbroking Ltd to sign CDS Account Opening and CDS Deposit forms on behalf of the institution?

No  Yes (If you do, please fill in the *CDS authorisation form*)

Would you like dividends earned (if any) to be credited to the institution's bank account?

No  Yes (If you do, please provide your *bank account* details)

\_\_\_\_\_

Would you like receive market news, reviews and analysis from AXYS Stockbroking Ltd's Research Department?

No  Yes (If you do, please select an *email* and *frequency*)

Email: \_\_\_\_\_

Frequency: \_\_\_\_\_

Would you like to be kept updated with regards to investment opportunities and products offered by our AXYS Group affiliates?

No  Yes (If you do, please select your *contact method*)

Email  \_\_\_\_\_

Tel.  \_\_\_\_\_

We, \_\_\_\_\_

, hereby declare that we are not involved in or in relation to any act of or -ing with the trafficking of narcotics and dangerous drugs and proceeds of such trafficking, contrary to the Dangerous Drug Act 2000, terrorist financing under the Prevention of Terrorism Act 2002; and/or such money laundering offences under the Financial Intelligence and Anti-Money Laundering Act 2002 and any other applicable Legislation.

We declare that all the information provided in this form is true and complete. We undertake to notify AXYS Stockbroking Ltd immediately in writing of any change in particulars or information provided above.

Signature (1): \_\_\_\_\_

Signature (2): \_\_\_\_\_

Signature (3): \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Customer Declarations

Has the company or any of its principals been convicted in a court of law for a criminal offence or penalised, or is currently under investigation for professional negligence or malpractice by a regulatory in Mauritius or elsewhere?

No  Yes (If you have, please explain yourself below)

\_\_\_\_\_

Has the company or any of its principals ever been adjudicated bankrupt by any Court of Law?

No  Yes (If you have, please explain yourself below)

\_\_\_\_\_

Will the company be trading in its own name or in the name/on behalf of third parties?

No  Yes (Own Name) (If on behalf, please explain below)

\_\_\_\_\_

Is the company or any of its clients subject to any foreign exchange restrictions?

No  Yes (If subject, please provide details below)

\_\_\_\_\_

Is the company or any of its principals in any way connected to or related to anyone involved either in the Stock Exchange of Mauritius (SEM), the Financial Services Commission (FSC), the Central Depository Services (CDS), or any

No  Yes (If you are, please explain yourself below)

\_\_\_\_\_

#### For Office Use Only

Introduced by: \_\_\_\_\_

Checked by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_