

Client Registration Form (Individual)

Customer Details

Title: _____

Last name: _____

First name: _____

Middle name: _____

Marital Status: _____

Maiden name: _____

Prev. name / Alias: _____

Residency Status: _____

Nationality: _____

Date of Birth: _____

Country of Birth: _____

Expiry Date: _____

Mobile: _____

Home: _____

Email (Primary): _____

Employment Details

Employmt. Status: _____

Occupation: _____

Sector: _____

Employer: _____

Employer's Address

Add. Line 1: _____

Add. Line 2: _____

City/Town: _____

Postal Code: _____

Country: _____

Contact Details

Housing Status: _____

Permanent Address

Add. Line 1: _____

Add. Line 2: _____

City/Town: _____

Postal Code: _____

Country: _____

Mailing Address (If different from permanent)

Add. Line 1: _____

Add. Line 2: _____

City/Town: _____

Postal Code: _____

Country: _____

Business: _____

Fax: _____

Email (Alt.): _____

Financial Details

Gross Annual Income [Rs 000s]: _____

Net Assets [Rs M]: _____

Source of Funds:

<input type="checkbox"/> Salary	<input type="checkbox"/> Pension
<input type="checkbox"/> Rental Income	<input type="checkbox"/> Ret. Provision
<input type="checkbox"/> Alimony/Spouse	<input type="checkbox"/> Dividends/Interest
<input type="checkbox"/> Property Sale	<input type="checkbox"/> Inheritance
<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Invest/Insu. Proceeds
<input type="checkbox"/> Loan/Overdraft	<input type="checkbox"/> Lottery/Gambling
<input type="checkbox"/> Other	<input type="checkbox"/> Gift

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Customer Authorisations

Do you authorise **AXYS Stockbroking Ltd** to accept orders/instructions which are either called in by telephone or sent via email/fax at your 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 your behalf?

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

Would you like dividends earned (if any) to be credited to your 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*)

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.

Customer Declarations

Have you ever been convicted in a court of law for a criminal offence in Mauritius or elsewhere or are there any proceedings now pending against you which may lead to a conviction?

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

Have you ever been declared bankrupt or compounded or made an assignment for the benefit of creditors in Mauritius or elsewhere?

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

Are you acting as a **Nominee/Trustee** on behalf of an undisclosed underlying principal(s)?

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

Are you 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 Stockbroker/Stockbroking company**?

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

I, _____, hereby declare that I am not involved in or in relation to any act of or dealing 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.

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

Signature: _____

Date: _____ / _____ / _____

For Office Use Only

Introduced by: _____

Checked by: _____

Approved by: _____

Date: _____ / _____ / _____