

APPLICATION FORM FOR NEW ACCOUNT - CORPORATE



BRN: C07040612

Business Category:

Others please specify:

SECTION A: CUSTOMER INFORMATION

ENTITY NAME

BUSINESS DETAILS

Business Registration Number:

Incorporation Number:

Incorporation Date: (dd/mm/yyyy)

Country of Incorporation:

Line of Business:

Trade License Number:

Trade License Expiry Date: (dd/mm/yyyy)

BENEFICIAL OWNER / ULTIMATE BENEFICIAL OWNER

Disclosure of Beneficial Owner and/or Ultimate Beneficial Owner/s (natural person):

Name	Nationality and Country of Residence
1 <input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>
4 <input type="text"/>	<input type="text"/>

CONTACT DETAILS

Registered Office Address:

P.O Box:

Country:

Correspondence Address: (if different from Registered Office Address)

P.O Box:

Country:

Physical Address: (if different from Registered Office Address)

Country:

Company Website:

No. of Employees:

Lists of Subsidiaries & Associated Companies:

*(if more than 3 companies or subsidiaries; provide list as an annex)

Contact Person 1:

Mobile Number:

Phone Number:

Skype ID:

e-mail Address:

Contact Person 2:

Mobile Number:

Phone Number:

Skype ID:

e-mail Address:

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SECTION B: TAX RESIDENCY INFORMATION

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) - CORPORATE ACCOUNT

Indicia of US status

Please confirm entity's FATCA status by selecting Yes or No:

Is the entity incorporated in US?	<input type="text"/>
Is shareholder/ultimate beneficial owner /controlling person* of the entity a US citizen or resident? (20 percent ownership threshold is required for determining a substantial U.S. owner)	<input type="text"/>
Does the entity have a current US residence or mailing address?	<input type="text"/>
Does the entity have current US telephone number?	<input type="text"/>
Does the entity have standing instructions to pay amounts from the account to an account maintained in the United States?	<input type="text"/>
Has a current power of attorney or signatory authority of the entity been granted to a person with a US address?	<input type="text"/>
Does the entity only maintain a US "in-care-of" or "hold mail" address?	<input type="text"/>
Does entity receive any payment of interest, dividends, rents, salaries, wages, premiums, annuities, compensations, remunerations, emoluments, and other fixed or determinable annual or periodical gains, profits, and income from sources within the United States?	<input type="text"/>
Does entity receive any gross proceeds from the sale or other disposition of any property of a type which can produce interest or dividends from sources within the United States?	<input type="text"/>

Country of tax residency: Tax Identification Number (TIN)*:

If no TIN available, please state why*

If you have selected the second option, kindly explain why

The entity's FATCA status:

Substantial US Owners (20%) / Controlling Persons* that are Specified U.S. Persons

Name	Address	Tax Identification Number (TIN)*
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

ENTITY TAX RESIDENCY SELF-CERTIFICATION (CRS)

A. Is the Entity a tax resident in Mauritius?:

B. Is the Entity a tax resident in any other country?:

(If "Yes" is selected in B. above, please fill in the **Entity tax residency self-certification form**)

The entity's CRS status:

CONTROLLING PERSON TAX RESIDENCY SELF-CERTIFICATION (CRS)

A. Is the Controlling Person a tax resident in Mauritius?:

B. Is the Controlling Person a tax resident in any other country?:

(If "Yes" is selected in B. above, please fill in the **Controlling Person tax residency self-certification form**)

SECTION C: ACCOUNT DETAILS

	Account Type	Currency	Others (please specify)	Initial Deposit	Source of funds for Initial Deposit	Purpose
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FINANCIALS

UBO's / Shareholder's
Source of Funds:

UBO's / Shareholder's
Source of Accumulated Wealth:

STATEMENT OF AFFAIRS

Years	Year 1	Year 2	Year 3
Expected Annual Turnover	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expected Size of Transactions	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inward Transactions: Countries and Counterparties	<input type="text"/>		
Outward Transactions: Countries and Counterparties	<input type="text"/>		

SECTION D: E-STATEMENT

Frequency:

SECTION E: OTHER SERVICES

Debit Card Application

Name to appear on the card:

 (24 characters including spaces)

Accounts to be linked:

Card collection: If Bank is selected please specify branch/department

Cheque Book application (applicable for Mauritian Rupees Current Accounts Only)

Please supply the company with cheque book/s of leaves.

The cheque book/s will be collected at: branch/department.

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CUSTOMER DECLARATION:

By signing the present Declaration, I/We hereby acknowledge having received, read and understood all the provisions of the Terms And Conditions bearing reference BankOne/TermsandConditions/Corporate/2019/03 (copy of which has been handed over to me/us) relative to the opening and operation of above mentioned products and services.

Such Terms and Conditions have been explained to me/us and I/We fully agree to be bound by them and acknowledge that the Bank may amend same from time to time.

I/We certify that I/we am/are the account holder/s (or I/we am/are authorised to sign for the Account Holder/s) of all the accounts to which this form relates.

I/We hereby declare that the statements and details given in this declaration are true, correct and complete and all documents provided are genuine.

I/We understand that the information supplied by me/us may be used and shared by the Bank in line with the Terms and Conditions governing my/our relationship with the Bank as to opening and operation of abovementioned products and services.

I/We authorise the Bank to use any information from this form for opening any other account in my name in the future, and to retain photocopies of my KYC documents.

I/We acknowledge that the information contained in this form and information regarding my/our account(s) may be provided to local tax authorities and exchanged with foreign tax authorities in which I/we may be tax resident pursuant to intergovernmental agreements to exchange nancial account information.

I/We undertake to advise the Bank within 30 days of any change in circumstances which affects my/our tax residency status identified as above or causes the information contained herein to become incorrect or incomplete and to provide the Bank with a suitably updated self-certification and declaration within 30 days of such change in circumstances.

I/We am fully aware of the provisions applicable under the Financial Intelligence and Anti-Money Laundering Act 2002 and the Prevention of Corruption Act 2002, as may be amended from to time. The true source of funds and purpose of transactions will be declared and all money will be duly accounted and no money laundering will be made.

I/We agree that my/our personal information may be used for marketing purposes. I/We agree to receive emails and/or SMS from the Bank and I/we understand that I/we may opt out of the Bank's subscriptions of emails and/or SMS at any time.

Name:

PLEASE SIGN IN THE MIDDLE OF THE BOX*

Name:

PLEASE SIGN IN THE MIDDLE OF THE BOX*

Name:

PLEASE SIGN IN THE MIDDLE OF THE BOX*

Name:

PLEASE SIGN IN THE MIDDLE OF THE BOX*

Date: (dd/mm/yyyy)

The form should be signed in accordance with the Board Resolution

For Office Use Only:

Branch/Department:

Customer Code:

Account Number 1:

Account Number 2:

Account Number 3:

Account Number 4:

Account Number 5:

FATCA classification:

Entity CRS classification:

Controlling Person

CRS classification:

Input by:

Signature:

Date: (dd/mm/yyyy)

Verified by:

Signature:

Date: (dd/mm/yyyy)