

Date: ..... (dd/mm/yyyy)

Bank One Limited  
 16 Sir William Newton Street  
 Port Louis

Dear Sir/Madam,

In order to fulfill its regulatory requirement, I/we acknowledge that Bank One Limited ("the Bank") needs to reconfirm the details pertaining to each individual profile in its book.

I/We, the undersigned authorised holder/s or the authorised signatory/ies of account/s ..... hereby confirm below information.

Individual		
Confirmation of No Change/Change with respect to:	No Change	Change
Proof of Address	<input type="checkbox"/>	<input type="checkbox"/>
Source of Income	<input type="checkbox"/>	<input type="checkbox"/>
Declared Occupation	<input type="checkbox"/>	<input type="checkbox"/>
AMI/Turnover	<input type="checkbox"/>	<input type="checkbox"/>
FATCA/CRS Status	<input type="checkbox"/>	<input type="checkbox"/>

**DECLARATION**

- I/We agree that all the information provided above are good and accurate.
- I/We agree that the above instruction will remain in force unless officially revoked by me/us in writing.
- I/We agree that it is my/our sole responsibility to inform the Bank, in writing, of any change/s in relation to the above information or to the above identified person/s.

Authorised Signatory: .....

Authorised Signatory: .....

Name: .....

Name: .....

**NOTE:**

- In case of changes in the above, the below mentioned documents/evidence will have to be provided:
- (a) Proof of address of individual - To provide updated certified and dated true copy of proof of address - less than 3 months
  - (b) Source of Income - Signed declaration of new source of income (from business or employment)
  - (c) Declared Occupation - State the name of the new employer
  - (d) FATCA/CRS Status - FATCA/CRS Form to be completed afresh in case of changes
  - (e) Average Monthly Income/Turnover - State the new Average Monthly Income (AMI)

**Documents certified and dated true copy of Originals policy:**

All documents which needs to be certified should be "Certified as a True copy of the Original' by a Lawyer, Accountant or other professional persons who clearly add to the copy (by means of stamp or otherwise) his name, address and profession.

Date: ..... (dd/mm/yyyy)

Bank One Limited  
 16 Sir William Newton Street  
 Port Louis

Dear Sir/Madam,

In order to fulfill its regulatory requirement, I/we acknowledge that Bank One Limited (“the Bank”) needs to reconfirm the details pertaining to each business profile in its book.

I/We, the undersigned authorised holder/s or the authorised signatory/ies of account/s ..... hereby confirm below information

<b>GBC/ Authorised Companies/ Foreign Company</b>		
Confirmation of No Change/Change with respect to:	No Change	Change
(a) Ultimate Beneficial Owner (UBO)	<input type="checkbox"/>	<input type="checkbox"/>
(b) Register of shareholders	<input type="checkbox"/>	<input type="checkbox"/>
(c) Register of Directors	<input type="checkbox"/>	<input type="checkbox"/>
(d) FATCA/CRS Status	<input type="checkbox"/>	<input type="checkbox"/>
(e) Authorized Signatories	<input type="checkbox"/>	<input type="checkbox"/>
(f) Business Plan - Business Activity, Structure Chart and Turnover	<input type="checkbox"/>	<input type="checkbox"/>
(g) Registered & Mailing Address of Company	<input type="checkbox"/>	<input type="checkbox"/>

<b>Corporate Entity Local</b>		
Confirmation of No Change/Change with respect to:	No Change	Change
(a) Ultimate Beneficial Owner (UBO)	<input type="checkbox"/>	<input type="checkbox"/>
(b) Register of shareholders	<input type="checkbox"/>	<input type="checkbox"/>
(c) Register of Directors	<input type="checkbox"/>	<input type="checkbox"/>
(d) FATCA/CRS Status	<input type="checkbox"/>	<input type="checkbox"/>
(e) Authorized Signatories	<input type="checkbox"/>	<input type="checkbox"/>
(f) Business Plan - Business Activity, Structure Chart and Turnover	<input type="checkbox"/>	<input type="checkbox"/>
(g) Registered & Mailing Address of Company	<input type="checkbox"/>	<input type="checkbox"/>

<b>Foundation</b>		
Confirmation of No Change/Change with respect to:	No Change	Change
(a) List of Controller (Council Members)	<input type="checkbox"/>	<input type="checkbox"/>
(b) Authorized Signatories	<input type="checkbox"/>	<input type="checkbox"/>
(c) Foundation activity	<input type="checkbox"/>	<input type="checkbox"/>
(d) Registered & Mailing Address of Foundation	<input type="checkbox"/>	<input type="checkbox"/>
(e) FATCA/CRS Status	<input type="checkbox"/>	<input type="checkbox"/>

<b>Association</b>		
Confirmation of No Change/Change with respect to:	No Change	Change
(a) Objectives of Association	<input type="checkbox"/>	<input type="checkbox"/>
(b) Authorized Signatories	<input type="checkbox"/>	<input type="checkbox"/>
(c) Office bearers	<input type="checkbox"/>	<input type="checkbox"/>
(d) Registered & Mailing Address of Association	<input type="checkbox"/>	<input type="checkbox"/>
(e) FATCA/CRS Status	<input type="checkbox"/>	<input type="checkbox"/>

# CONFIRMATION OF CHANGE/NO CHANGE IN BUSINESS PROFILE



BRN: C07040612

Ref: BKONE109

Fund		
Confirmation of No Change/Change with respect to:	No Change	Change
(a) Investment Manager / Advisor / Committee Members / Administrator / Promoter	<input type="checkbox"/>	<input type="checkbox"/>
(b) Private Placement Memorandum	<input type="checkbox"/>	<input type="checkbox"/>
(c) Register of Directors	<input type="checkbox"/>	<input type="checkbox"/>
(d) FATCA/CRS Status	<input type="checkbox"/>	<input type="checkbox"/>
(e) Investors	<input type="checkbox"/>	<input type="checkbox"/>
(f) Authorized Signatories	<input type="checkbox"/>	<input type="checkbox"/>
(g) Registered & Mailing Address of the Fund	<input type="checkbox"/>	<input type="checkbox"/>

Partnership		
Confirmation of No Change/Change with respect to:	No Change	Change
(a) Register of Partners	<input type="checkbox"/>	<input type="checkbox"/>
(b) List of Signatories	<input type="checkbox"/>	<input type="checkbox"/>
(c) Managing Partner	<input type="checkbox"/>	<input type="checkbox"/>
(d) FATCA/CRS Status	<input type="checkbox"/>	<input type="checkbox"/>
(e) Business - Business Activity, Structure Chart and Turnover	<input type="checkbox"/>	<input type="checkbox"/>
(f) Registered & Mailing Address of Partnership	<input type="checkbox"/>	<input type="checkbox"/>

Trust		
Confirmation of No Change/Change with respect to:	No Change	Change
(a) Protector / Enforcer / Settlor	<input type="checkbox"/>	<input type="checkbox"/>
(b) Beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>
(c) Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>
(d) Registered & Mailing Address of the Trust	<input type="checkbox"/>	<input type="checkbox"/>
(e) FATCA/CRS Status	<input type="checkbox"/>	<input type="checkbox"/>

## DECLARATION

- I/We agree that all the information provided above are good and accurate.
- I/We agree that the above instruction will remain in force unless officially revoked by me/us in writing.
- I/We agree that it is my/our sole responsibility to inform the Bank, in writing, of any change/s in relation to the above information or to the above identified person/s.

Authorised Signatory: .....

Authorised Signatory: .....

Name: .....

Name: .....

### NOTE:

In case of changes in the above, the below mentioned documents will have to be provided:

- Ultimate Beneficial Owner - Signed Declaration from Company Secretary / Director and Certified and dated true copy of KYC (Passport / NIC and Proof of address - less than 3 months)
- Register of Shareholder - Signed and dated updated Share Register, Certified and dated true copy of KYC documents (Passport / NIC and Proof of address - less than 3 months) for all new shareholders having a shareholding of 20% or above
- Register of Directors - Signed and dated updated Register of Directors, Certified and dated true copy of KYC documents for new directors (Passport / NIC and Proof of address - less than 3 months)
- FATCA/CRS Status - FATCA/CRS Form to be completed afresh in case of changes
- Authorised Signatories - Updated List of Signatories, Certified and dated true copy of KYC documents for new signatories (Passport / NIC and Proof of address - less than 3 months)
- Business Plan - Fresh Business plan with the following details should be provided (Nature of Business, Country of operations, Expected inflow/outflow for next 3 years, Size / Volume / Frequency of transactions)
- Registered and Mailing address of company - To provide proof from the Registrar of companies, for the relevant filling regarding amendments in registered address. Proof of new mailing address to be provided in case of change

### Documents certified and dated true copy of Originals policy:

All documents which needs to be certified should be "Certified as a True copy of the Original" by a Lawyer, Accountant or other professional persons who clearly add to the copy (by means of stamp or otherwise) his name, address and profession.