

Application for:

Customer Category :

(If "Foreigner Resident" selected, please fill in Section E)

**SECTION A: CUSTOMER DETAILS**

**CUSTOMER INFORMATION**

Title :  National Identity Number/Passport Number :   
 Family Name :   
 First Name :  Passport Expiry Date (in case passport provided) :   
 Date of Birth :  Gender :   
 Country of Birth :  Marital Status :   
 Nationality :

**CONTACT DETAILS**

**Permanent Address :**

House/Apartment Number :   
 Address :   
 Town/Village :   
 Postal Code :   
 Country :

**Mailing Address : (if different from Permanent Address)**

House/Apartment Number :   
 Address :   
 Town/Village :   
 Postal Code :   
 Country :

**Other Details :**

Residential Status :  Details of 'Other' :   
 Phone Number :  Mobile Number :   
 e-mail Address :

**SECTION B : EMPLOYMENT/BUSINESS DETAILS**

Employment/ Business Type:   
 Employer's/ Business Name :   
 Job Title :   
 No of Year(s) of employment/ in Business :

**If 'Self-Employed' is selected :**

Business Registration Number :   
 Trading Name :   
 Other Applicable Licence :   
 Line of business :

**SECTION C: EXPECTED INFLOWS & OUTFLOWS**

Average Monthly Income :  Monthly Account Turnover :   
 Average Monthly Expenses :  Any Other Source of Income :   
 Source of Income :  Details of 'Other' :   
 Source of Wealth (where applicable) :   
 Expected Countries Transacted with (if any):

**SECTION D: TAX RESIDENCY INFORMATION**

Are you a tax resident in Mauritius?

Are you tax resident in any other country including United States?  
 (If "Yes" is selected, please fill in the fields marked with \*)

	Country of Tax Residence *	Tax Identification Number (TIN) *	If no TIN available, please state why *
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

If 'I am otherwise unable to obtain a TIN or equivalent number' is selected, please provide the reason :

### SECTION E: RESIDENT-FOREIGN NATIONAL

Type of Permit :   
 Permit Number :  Expiry Date :   
 Residence Permit :  Expiry Date :   
 Non-Citizen ID Number(NCID) :  Expiry Date :

### SECTION F: ACCOUNT DETAILS

	Account Type	Currency	Initial Deposit	Source of funds for Initial Deposit
1	<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"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### For Term Deposit (TD) Account

Period:  Months Interest Rate:   
 Pay interest on TD  to the credit of a/c number

**Declaration of Ultimate Beneficial Owner:**

Others :

#### MODE OF OPERATION :

In case of Joint Account :  Details of 'Other' :

Joint account with :  *Please insert the name of the Joint account Holder*

### SECTION G: OTHER SERVICES

#### Debit Card Application

Embossed Name :

Accounts to be linked :

Primary Account :  Account Number 2 :  Account Number 3 :

Card to be collected at :  Branch

#### Cheque Book application (applicable for Current Accounts and Emma Accounts Only)

Please supply me with 1 cheque book of 25 sheets :

The cheque book will be collected at :  branch

#### Internet Banking application - "ONE Click"

Daily Funds Transfer Limit (Please specify) : Limit Plan :

#### Default Limit

##### ONLINE

Self Transfer : MUR  500,000.00

Third Party Transfer : MUR  200,000.00

##### OFFLINE

(Local Payments, Banker's Cheque / Demand Draft, Telegraphic Transfer, Cross Currency - includes self as beneficiary)

Third Party Transfer : MUR  250,000.00

#### Specific Limit :

##### ONLINE

Self Transfer MUR

Third Party Transfer : MUR

##### OFFLINE

(Local Payments, Banker's Cheque / Demand Draft, Telegraphic Transfer, Cross Currency - includes self as beneficiary)

Third Party Transfer : MUR

Account Details (All your accounts will be automatically linked to "ONE Click")

Login Type :  SMS Banking Enabled :

Please quote your main account number (for reference) :

Accounts to be restricted (Please specify accounts not to be linked to "ONE Click" if any):

**SMS Alert Registration**

Mobile Number:  Mobile Operator:

I request to be enrolled as SMS Alert Subscriber for the following services: (Select as appropriate)

1. Stopped Cheques
2. Cheques that are deposited on account not honoured/realised
3. End of Day Balance (For Current / Savings Accounts only)
4. Loan Repayment Due on
5. Loan Disbursement
6. Direct Debit not executed (Utility Bills)
7. Large Value Transaction (Debit Amount MUR 100,000.00 and above)
8. Promotional Alert of the Bank


**SMS Top Up Registration**

Account Number to be debited :

Any additional mobile phones you can Top Up :

Select Service Providers :	Mobile Number from which Top Up will be initiated :
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Select Service Providers :	Additional Mobile Numbers
<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"/>

**CUSTOMER DECLARATION :**

By signing the present Declaration, I hereby acknowledge having received, read and understood the General Terms And Conditions bearing reference T & C-Indiv2018/V1 (copy of which has been handed over to me) relative to the opening and operation of abovementioned products and services.

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

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

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

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

I undertake to advise the Bank within 30 days of any change in circumstances which affects my 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 hereby declare that the statements and details given in this declaration are true, correct and complete and all documents provided are genuine.

I 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 time 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 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.

**Primary Account Holder's Signature**

PLEASE SIGN IN THE MIDDLE OF THE BOX

Date :

**Additional Applicant's Signature**

PLEASE SIGN IN THE MIDDLE OF THE BOX

Date :

Documents required (Indicative Checklist - additional documents may be requested)

Type of Customer	National Identity Card	Passport Valid	Proof of Address (< 3 months old)	Birth Certificate (in case of Minor)	Work / Residence / Occupation permit	Any other document acceptable to the Bank
Mauritian Resident	√		√	√		√
Foreign Resident		√	√	√	√	√

**For Office Use Only:**

**Customer Code :**

**Account Number 1 :**

**Account Number 2 :**

**Account Number 3 :**

For Term Deposit:  % per annum (Floating Rate:  % above Savings Rate per annum)

Attended by:

Signature :

Verified by:

Signature :