

Date:

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

GBC / Authorised Companies / Foreign Company / Corporate Entity Local		
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, Countries of Operation and Turnover	<input type="checkbox"/>	<input type="checkbox"/>
(g) Registered Address of Company	<input type="checkbox"/>	<input type="checkbox"/>
(h) Physical/Residential Address (Authorised Signatories, Shareholders, Directors, UBO)	<input type="checkbox"/>	<input type="checkbox"/>
(i) Mailing Address of Company	<input type="checkbox"/>	<input type="checkbox"/>
(j) Call back nominee	<input type="checkbox"/>	<input type="checkbox"/>
(k) IB users	<input type="checkbox"/>	<input type="checkbox"/>

Foundation		
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) FATCA/CRS Status	<input type="checkbox"/>	<input type="checkbox"/>
(e) Registered Address of the Foundation	<input type="checkbox"/>	<input type="checkbox"/>
(f) Physical/Residential Address (Authorised Signatories, Council Members)	<input type="checkbox"/>	<input type="checkbox"/>
(g) Mailing Address of the Foundation	<input type="checkbox"/>	<input type="checkbox"/>
(h) Call back nominee	<input type="checkbox"/>	<input type="checkbox"/>
(i) IB users	<input type="checkbox"/>	<input type="checkbox"/>

Association/Société		
Confirmation of No Change/Change with respect to:	No Change	Change
(a) Objectives of Association/Société	<input type="checkbox"/>	<input type="checkbox"/>
(b) Authorized Signatories	<input type="checkbox"/>	<input type="checkbox"/>
(c) Office bearers/Gérants de Société	<input type="checkbox"/>	<input type="checkbox"/>
(d) FATCA/CRS Status	<input type="checkbox"/>	<input type="checkbox"/>
(e) Registered Address of Association/Société	<input type="checkbox"/>	<input type="checkbox"/>
(f) Physical/Residential Address (Authorised Signatories, Gérants, Office Bearers)	<input type="checkbox"/>	<input type="checkbox"/>
(g) Mailing Address of the Association/Société	<input type="checkbox"/>	<input type="checkbox"/>
(h) Call back nominee	<input type="checkbox"/>	<input type="checkbox"/>
(i) IB users	<input type="checkbox"/>	<input type="checkbox"/>

Fund		
Confirmation of No Change/Change with respect to:	No Change	Change
(a) Investment Manager / Advisor / 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 Address of the Fund	<input type="checkbox"/>	<input type="checkbox"/>
(h) Physical/Residential Address (Authorised signatories, Investment Manager, Advisor, Administrator, Promoter)	<input type="checkbox"/>	<input type="checkbox"/>
(i) Mailing Address of the Fund	<input type="checkbox"/>	<input type="checkbox"/>
(j) Call back nominee	<input type="checkbox"/>	<input type="checkbox"/>
(k) IB users	<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) Mailing Address of Partnership	<input type="checkbox"/>	<input type="checkbox"/>
(g) Registered Address of the Partnership	<input type="checkbox"/>	<input type="checkbox"/>
(h) Physical/Residential Address (Authorised Signatories, Partners)	<input type="checkbox"/>	<input type="checkbox"/>
(i) Call back nominee	<input type="checkbox"/>	<input type="checkbox"/>
(j) IB users	<input type="checkbox"/>	<input type="checkbox"/>

Trust		
Confirmation of No Change/Change with respect to:	No Change	Change
(a) Protector / Enforcer / Settlor / Trustee	<input type="checkbox"/>	<input type="checkbox"/>
(b) Beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>
(c) Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>
(d) FATCA/CRS Status	<input type="checkbox"/>	<input type="checkbox"/>
(e) Mailing Address of the Trust	<input type="checkbox"/>	<input type="checkbox"/>
(f) Registered Address of the Trust	<input type="checkbox"/>	<input type="checkbox"/>
(g) Physical/Residential Address (Authorised Signatories, Settlor, Enforcer, Beneficiaries, Trustee)	<input type="checkbox"/>	<input type="checkbox"/>
(h) Call back nominee	<input type="checkbox"/>	<input type="checkbox"/>
(i) IB users	<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:

Name:

Authorised Signatory:

Name:

NOTE:

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

- (a) **Ultimate Beneficial Owner** - UBO Declaration form signed by Company Secretary / Director. To provide (i) Source of Wealth Declaration of new UBO (ii) Updated Structure chart (iii) Certified and dated True Copy of Passport / NIC and Proof of Address (dated less than 3 Months) (iv) FATCA/ CRS form for New UBO/Controlling Persons.
- (b) **Register of Shareholder** - Signed and dated Share Register, Certified and dated true copy of Passport / NIC and Proof of address (dated less than 3 months) for all new shareholders holding more 20%. In case of Corporate Shareholder, to provide Certificate of Incorporation, Register of Shareholders, Register of Directors and Proof of Address.
- (c) **Register of Directors** - Signed and dated Register of Directors, Certified and dated true copy of KYC documents for new directors (Passport / NIC and Proof of address - less than 3 months)
- (d) **FATCA/CRS Status** - FATCA/CRS Form to be completed afresh in case of changes
- (e) **Authorised Signatories** - Resolution for change in signatories, Certified and dated true copy of KYC documents for new signatories (Passport / NIC and Proof of address - less than 3 months), and specimen signature card
- (f) **Business Plan** - 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)
- (g) **Registered address of company** - To provide letter from Management Company / Company Secretary confirming new Registered address
- (h) **Mailing address of company** - To provide a signed instruction from the Management Company / Company Secretary to confirm the mailing address of the company
- (i) **Call back nominee** - To provide New call back disclaimer form and Call back security questionnaire for all new call back nominees and Passport/NIC
- (j) **Physical or Residential Address (Authorised signatories, Director, Shareholder, UBO etc)** - To provide updated certified and dated true copy of proof of address - less than 3 months (by way of Bank statement or Utility Bills)
- (k) **IB Users** - To provide a Resolution for the Change in IB users (To provide KYC documents of new users)

Documents certified and dated true copy of Originals policy:

All documents to be certified should bear the annotation “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, date, capacity and Membership Registration number (where applicable).