

# ADDITIONAL NEW ACCOUNT AND CREDIT CARD APPLICATION INDIVIDUAL - OFFSHORE/ELITE BANKING

BRN: C07040612

**BANK ONE**

Ref No. BKONE124

Application for:

Customer Category:

## SECTION A: CUSTOMER DETAILS

### CUSTOMER INFORMATION

Title :   
Family Name:   
First Name:   
  
Date of Birth:   
Country of Birth:

National Identity Number / Passport Number:  
  
Passport Expiry Date (in case passport provided):   
Gender:   
Marital Status:   
Nationality:

### CONTACT DETAILS

#### Permanent Address:

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

#### Other Details:

Residential Status:   
Phone Number:   
e-mail Address:

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

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

Details of 'Other':   
Preferred Mobile Number:

### SECURITY QUESTIONS

To confirm your mother's maiden name   
To confirm your favourite sport   
To confirm your favourite colour   
Optional (Choose at least one question)   
Answer:

## SECTION B: EMPLOYMENT/BUSINESS DETAILS

Employment/ Business Type:   
Employer's/ Business Name:   
JobTitle:   
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 INCOME & EXPENSES

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

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**SECTION D: TAX RESIDENCY INFORMATION****FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)****Indicia of US status****Please confirm signatory's FATCA status by selecting Yes or No:**

Are you US citizen or resident?	<input type="text"/>
Were you born in the U.S. (U.S. Place of Birth)?	<input type="text"/>
Do you have a current US residence or mailing address?	<input type="text"/>
Do you have current US telephone number?	<input type="text"/>
Do you have standing instructions to pay amounts from the account to an account maintained in the United States?	<input type="text"/>
Have you granted a current power of attorney or signatory authority to a person with a US address?	<input type="text"/>
Do maintain only a US "in-care-of" or "hold mail" address?	<input type="text"/>
Do you 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"/>
Do you 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"/>

For the purposes of taxation, I am a resident or citizen in the following country/ies: USTaxpayer Identification Number: ForeignTax Identification Number: FATCA classification: **INDIVIDUAL TAX RESIDENCY SELF-CERTIFICATION (CRS)**Are you a tax resident in Mauritius? 

(If "Yes" is selected, proceed to section G)

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*	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"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<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:

For the purposes of INDIVIDUAL TAX RESIDENCY SELF-CERTIFICATION (CRS), kindly refer to the Common Reporting Standard Annexure ("CRS Annexure") found in the Terms and Conditions

**SECTION E: DECLARATION INFORMATION FOR NON-RESIDENT**Which country are you resident of? How long have you been staying in that country? **Please answer the following questions by selecting Yes or No:**

Is your permanent place of abode in Mauritius?	<input type="text"/>
Have you been present in Mauritius in the current income year for a period of, or an aggregate period of 183 days or more?	<input type="text"/>
Have you been present in Mauritius in the income year and two preceding income years for an aggregate period of 270 days or more?	<input type="text"/>

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## SECTION F: FOREIGN RESIDENT

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

## SECTION G: DECLARATION OF ULTIMATE BENEFICIAL OWNER

Declaration of Ultimate Beneficial Owner:   
Others:

## SECTION H: ACCOUNT DETAILS

	AccountType	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"/>

### Term Deposit (TD) Account

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

### Mode of Operation:

In case of Joint Account:  Joint account with:   
Mode of repayment (In case of death):

## SECTION I: OTHER SERVICES

Statement of Account:

### Debit Card Application

Name to appear on card:   
(24 characters including spacing)

Accounts to be linked :

Primary Account:  Account Number 2:  Account Number 3:   
Card to be collected at:  Branch

### Chequebook application (applicable for Current and Emma accounts only)

Please supply me with 1 chequebook of 25 sheets:   
The chequebook will be collected at:  branch

### SMS Alert Registration

Please tick the box to receive SMS alerts on your preferred mobile number ☐

SECTION J: CREDIT CARD DETAILS

Choose your preferred card:  Credit card limit requested:

Name to appear on card:  (Maximun 19 characters including spaces)

(If you are applying for a credit card secured by cash collateral, please fill in and sign the Lien and Right of Set Off Letter for Advances Against Bank Account/s on page 5 and 6).

SECTION K: REPAYMENT TERMS

Account to debit for monthly repayments:

Repayment percentage:

SECTION L: SUPPLEMENTARY CARD

Do you require a supplementary card? ☐ Yes ☐ No

(If yes, please fill in the Supplementary Cardholder Application Form)

SECTION M: APPLICANT'S DEBTS

Currency: MUR						
Name of Institution	Approved Limit	Current Outstanding Balance	Monthly Repayment	Expiry Date	Collateral	Facility Being Settled
Total						

## LIEN AND RIGHT OF SET OFF LETTER FOR ADVANCES AGAINST BANK ACCOUNT/S

Date:

From:

**To: The Manager**

**BANK ONE LIMITED**

Branch

Dear Sir,

In consideration of your granting Banking facilities, including but not limited to loan, overdraft, credit card limit and contingent liabilities, etc of  (  only) to Mr/Mrs/Messrs  (hereinafter referred to as the Principal Borrower/s), I/we, the undersigned, jointly and severally guarantee to you repayment of the said Banking facilities with all interests due thereon, all other accessories and all costs, charges and expenses for recovery thereof.

By way of security, I/we am/are hereby giving you a lien for  (   only) against the balance in my/our account/s mentioned at the foot hereof and any other account/s renewed upon the expiry of the term/s of the account/s mentioned at the foot hereof (hereinafter referred to as the "**Lien Account/s**") together with accruing interest thereon as continuing security. I/we hereby undertake not to withdraw or call back the deposit/s in the Lien Account/s until the aforesaid Banking facilities of the Principal Borrower/s are fully adjusted with interests accrued thereon and other accessories.

I/We further agree that you may at any time without prior notice to me/us treat all account/s, present or future, with credit balances in my and/or our name/s, including but not limited to current, savings and call account/s, (hereinafter referred to as the "**Credit Balances Account/s**") that I/we may have with you as one account for the purposes of ascertaining the full repayment of the debts and liabilities of the Principal Borrower/s with you to your full satisfaction and you may at any time set off any credit balance on the Credit Balances Account/s against the indebtedness of the Principal Borrower/s with you. I/We shall ensure that the credit balances on the Credit Balances Account/s at all times be not less than Rs  (Say Rupees ) and/or exceed the aggregate of the debit balances of the Principal Borrower/s plus margin of  % under the aforesaid Banking facilities and such accommodation as you may grant or agree to grant to the Principal Borrower/s from time to time.

If, at any time, you wish to call back the aforesaid Banking facilities, you shall be at liberty to do so without notification to me/us and if the aforesaid Banking facilities with interests accrued thereon and other accessories or any part thereof remain unpaid, I/we hereby authorize you to appropriate from the Lien Account/s and Credit Balances Account/s any amount that may be necessary to get adjusted the aforesaid Banking facilities of the Principal Borrower/s with all interests accrued thereon and other accessories without any reference to me/us.

I/we confirm that our rights hereunder shall not be prejudiced by any time or indulgence allowed by you or release from liability by operation of law or otherwise howsoever by your releasing any security otherwise held by you against the aforesaid Banking facilities

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LIEN AND RIGHT OF SET OFF LETTER FOR ADVANCES AGAINST BANK ACCOUNT/S

My/Our liabilities hereunder shall be as that of Principal Borrower/s.

I/We further undertake to sign and deliver to you any other document/s that you may, from time to time or at any time, require from me/us for better effectuating your rights hereunder.

The present authority to inscribe lien on and to set off against the Lien Account/s and Credit Balances Account/s shall be governed and construed in accordance with the laws of the Republic of Mauritius.

I/We acknowledge having read and understood the terms and conditions of the present authority and agreed to be bound by the latter.

**Particulars of account/s under lien:**

Nature of Deposit	Account Number	Lien amount	Remarks
Term Deposit A/c (MUR)			<b>Duly Discharged Receipt/s is/are enclosed in case of Term / Call Deposits</b>
Term Deposit A/c (FCY)			
Savings A/c			
Current A/c			
Call Deposit A/c			
Foreign Currency A/c			
Any other A/c (to specify)			

Yours faithfully,

Signature: .....

Name:

Signature: .....

Name:

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## CUSTOMER DECLARATION

By signing the present Declaration, I hereby acknowledge having received, read and understood all the provisions of the Terms And Conditions bearing reference BankOne/TermsandConditions/Individual/2019/05 (copy of which has been shared with me) relative to the opening and operation of above mentioned 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 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 hereby declare that the statements and details given in this declaration are true, correct and complete and all documents provided are genuine.
- I understand that the information supplied by me may be used and shared by the Bank in line with the Terms And Conditions governing my relationship with the Bank as to opening and operation of abovementioned products and services.
- 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 Know Your Customer (KYC) documents.
- 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 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 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.
- In line with Bank of Mauritius Guidelines, I/we understand that Bank One Limited shall, as part of its appraisal process of the present application have access to MCIB to seek information on credit facilities provided to me/us by MCIB Participant and I/we formally authorize Bank One Limited to do so.

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

## Customer's Signature

PLEASE SIGN IN THE MIDDLE OF THE BOX

Date:

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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 by the Bank	Bank Reference	CV
Mauritian Resident	√		√	√		√		
Foreign Resident		√	√	√	√	√		
Non-Resident		√	√				√	√

## For Office use only

Branch/Department:

Customer Code:

Account Number 1:

Account Number 2:

Account Number 3:

Segment:

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

Attended by:

Signature:

Verified by:

Signature:

## Introducer's Details

Name:

Address:

Mobile: