



SBI (Mauritius) Ltd

Bank to grow with
H.O 7TH FLOOR, SBI TOWER MINDSPACE 45,
EBENE CYBERCITY

For Bank use only	
SOL ID: _____	BRANCH: _____
CIF ID: _____	

CUSTOMER PERSONAL DETAILS FORM

1. This form is to be used specifically for Joint holders, Legal Guardian/Administrator or Proxy holder
2. Please complete in BLOCK Letters all sections of this form and tick (✓) the appropriate boxes.
3. Delete whichever is not applicable.
4. In case of illiterate customers, thumb print must be affixed in the presence of two Bank Officials.

<input type="checkbox"/> Joint Holder	<input type="checkbox"/> Legal Guardian/Administrator	<input type="checkbox"/> Proxy
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CUSTOMER TYPE: Mauritian Resident Non Resident (Mauritian) Staff Expatriate (Resident) Foreigner

TITLE: _____ (Mr/Mrs/Miss)

Surname _____ Other Name _____

Maiden Name (if Applicable) Former Name (where Applicable)* Alias (If applicable)

* (Collect evidence of change of Name)

Date of Birth: _____ (DD/MM/YY) **Marital Status:** Single Married Widowed Divorced

Place & Country of Birth: _____

Identity Card Number: _____ Passport Number: _____

Nationality: _____ Issuing Country: _____ Issue Date: _____ Expiry Date: _____

Permanent Residential Address _____

Mailing Address (Specify If different) _____

Postal code (if any): _____ Telephone No.: _____ Mobile No. : _____

Email Address: _____

US Person: Yes No (If yes, please fill in the US Person Information form - FATCA)

Please specify your Tax-Residence Country & TIN No: _____

(In case Tax residency is not Mauritius, CRS Form to be filled)

PEP or close associate/s or close relatives of a PEP as defined in FIAMLA 2002 and Bank of Mauritius regulations.

Other Banks used: 1. _____ 2. _____ 3. _____

ADDITIONAL DETAILS

Employment Status: Salaried Self-employed Retired Unemployed Other: _____

Occupation/Profession: _____ Office Telephone No.: _____

Name & Address of Employer: _____

FOR SELF-EMPLOYED:

Trade Name: _____ Nature of Business/Activity: _____

Place of Business: _____ Business Registration Card No. _____ & Issue Date: _____

Trade Licence No. _____ Trade Licence Issue Date : _____ Expiry Date: _____

OTHER DETAILS

Expected use of Account / Purpose of opening Account: _____

Initial Deposit: _____ effected by (Cheque/Cash/DD/TT/Transfer)

Sources of Funds : _____

Expected Flow of Funds: _____ (Monthly/Quarterly/Yearly) Net Monthly Income: _____

FOR EXPATRIATES ONLY

Work Permit No.	Issued on:..... Expiring on:.....	Residence Permit No.	Issued on:..... Expiring on:.....
Occupation Permit No.	Issued on:..... Expiring on:.....	Non Citizen ID (NCID) Issue Date:	

Customer Signature: _____

Date: _____

FOR OFFICE USE ONLY

Customer ID:.....
Created on :
Linked/annexed to Account number:.....