



ACCOUNT OPENING FORM FOR CORPORATE CUSTOMER

NOTE TO APPLICANT

1. Please complete in BLOCK letters all sections of this form and tick (✓) the appropriate boxes.
2. Delete whichever is not applicable.
3. In case of illiterate customers, thumb print must be affixed in the presence of two Bank Officials.

<i>For Bank use only</i>	Date _____
SOL ID: _____	BRANCH _____
CIF ID: _____	
Account No. _____	

New Customer Existing Customer

CUSTOMER TYPE: Locally Incorporated Company Foreign company Registered in Mauritius Société/Partnership Foundation
 Trust Association / Club Parastatal Body Other

SECTION A: CUSTOMER DETAILS

Customer Name: _____

Trade Name: _____ (if Applicable) Former Legal Name: _____ (if Applicable) (Collect evidence of change of name)

Registration No. / Incorporation No.	Registration / Incorporation Date	Country of Registration / Incorporation	Business Registration Card No.	BRC Issue date

Trade Licence	No. _____	Place of Business _____
	Issue Date: _____	
	Expiry Date: _____	

REGISTERED OFFICE ADDRESS AND CONTACT DETAILS

Mobile No.: _____ Telephone No.: _____ Fax No.: _____

CORRESPONDENCE ADDRESS (If different from the office address above)

Postal code (if any): _____ Contact Person _____ Contact No: _____

Mobile No.: _____ Telephone No.: _____ Fax No.: _____ Email Address: _____

SECTION B: FOR TRUST / FOUNDATION

Purpose of Trust / Foundation _____

Governing Law _____

SECTION C: FACTA & CRS DECLARATION

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

Please specify the country/ies in which tax is being paid for the entity for the purpose of CRS?

Serial no.	Particulars	Country	Account Holder Tax Identification Number (TIN)
1			
2			

(Please fill in the Self-Certification Entity and Controlling Person forms where the entities, BOs/UBOs are non-residents)

SECTION D: DETAILS OF OTHER ACCOUNTS

1. Details of Present Main Bankers

Bank	Branch	Type of Account	Account Number

2. Does the company maintain or has the company previously maintained an account with **SBI (Mauritius) Ltd?**

If yes, please complete the following:

Branch: _____ Account No. _____

3. Is the company opening a second account? *If yes, please provide reason for opening a second account:***SECTION E: TYPE OF ACCOUNT REQUIRED**
 Current : With OD Limit Without OD Limit Currency: MUR USD EUR GBP

 Other: _____ Other: _____
SECTION F: SERVICES REQUIRED

1. INTERNET BANKING: Required Not Required *(If required, please fill in the Internet Banking Application Form)*
 (Note: For Internet Banking, please enclose Board Resolution) (Terms and Conditions Apply)

2. ATM DEBIT CARD : Required Not Required *(If required, please fill in the ATM Debit Card Application Form)*
 (Terms and Conditions Apply)

3. SMS ALERTS: Required Not Required
 Mobile number: _____

4. CHEQUE BOOK: No. of Sheets: 25 50 100

5. (i) STATEMENT FREQUENCY: Monthly Quarterly Half-Yearly

(ii) STATEMENT DELIVERY: Not Required Required by Email: _____

By Post: (Registered Correspondence)

(iii) e-STATEMENTS / STATEMENTS THROUGH INTERNET BANKING: Yes No

6. TO ACT ON INSTRUCTION BY FAX: Not Required Required *(If required, please fill in appropriate form)*

7. SWEEP FACILITY: Not Required Required *(If required, please fill in appropriate form)*

If required, specify the: Primary account No. to be debited: _____

Secondary account (s) to be credited: (1) _____

(2) _____

8. ADVERTISING MATERIALS: I agree to receive marketing / advertising materials from the Bank in respect of its products and services.

Not Required

SECTION G: ACTIVITY / BUSINESS PROFILE

PART A

Countries of Operation _____ Sources of funds _____

Expected Use of Account / Purpose of opening account _____

Initial Deposit: _____ Annual Turnover (Year ____): _____ Projected Annual Turnover (Year ____): _____

Expected Flow of Funds _____
(Monthly / Quarterly / Yearly)

Expected Annual Cash Transaction

Deposits:

Withdrawal:

Frequency of Transactions expected _____
(Daily / Monthly / Quarterly / Yearly)

Transactions passing through the Account: Amount: _____; Number _____; Type _____; Purpose: _____
(Monthly / Quarterly / Yearly)

Destination of funds passing through the Account _____

PART B

Name of related company (ies)		
Name of Directors / Trustees / Executors / Beneficiary / Council Members / Enforcers / Protectors	Name of Shareholders / Settlers / Founders	Name of Authorised Signatories
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
USUAL TRADING PARTNER		
Shareholding (Attach Structure Chart)	Names	Ownership %
Name of the Beneficial Owner(s) and / or Ultimate Beneficial Owner(s)		
Name of persons having a senior position		
Contact Details	First Contact	Second Contact
Name		
Job Title		
Tel / Mobile No.		
Fax No.		
Email		

SECTION H: MODE OF OPERATION AND SPECIMEN SIGNATURE(S)

Mode of Operation: _____

Name of Account:		Account No.:	
		Account Opening Date:	
Name of Authorised Signatories	NIC / Passport No.	Position Occupied	Specimen Signature

SECTION I :Profile of : (i) Directors /Shareholders/Secretary and Authorised Signatories (ii) Trustees/Beneficiaries/Settlor and Authorised Signatories
 (iii) President/V-President/Treasurer/Asst. Treasurer/Secretary (iv) Founder/Beneficiaries/Secretary/Council Members/
 Settlor and Authorised Signatories

	1	2
CIF ID (Bank Use)		
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other
Capacity (Please specify)		
Surname		
Other Names		
Maiden Name (if applicable)		
Identity Card No. / Passport No.		
Date of Birth (DD MM YYYY)		
Nationality		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other
Permanent Residential Address		
Correspondence Address (if different from Residential)		
Phone No. / Fax No.		
Mobile No.		
Email Address		
Occupation / Name of Employer		
US Person	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Tax residence		
PEP / Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

FOR EXPATRIATES ONLY (COPY OF PERMIT TO BE ENCLOSED)

Passport No.1	Issued on: Expiring on:	Residence Permit No	Issued on: Expiring on:	Passport No.2	Issued on: Expiring on:	Residence Permit No	Issued on: Expiring on:
Work Permit No.	Issued on: Expiring on:	Occupation Permit No.	Issued on: Expiring on:	Work Permit No.	Issued on: Expiring on:	Occupation Permit No.	Issued on: Expiring on:

	3	4
CIF ID (Bank Use)		
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other
Capacity (Please specify)		
Surname		
Other Names		
Maiden Name (if applicable)		
Identity Card No. / Passport No		
Date of Birth (DD MM YYYY)		
Nationality		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other
Permanent Residential Address		
Correspondence Address (if different from Residential)		
Phone No. / Fax No.		
Mobile No.		
Email Address		
Occupation / Name of Employer		
US Person	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Tax residence		
PEP / Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

FOR EXPATRIATES ONLY (COPY OF PERMIT TO BE ENCLOSED)

Passport No.3	Issued on: Expiring on:	Residence Permit No	Issued on: Expiring on:	Passport No.4	Issued on: Expiring on:	Residence Permit No	Issued on: Expiring on:
Work Permit No.	Issued on: Expiring on:	Occupation Permit No.	Issued on: Expiring on:	Work Permit No.	Issued on: Expiring on:	Occupation Permit No.	Issued on: Expiring on:

	5	6
CIF ID (Bank Use)		
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other
Capacity (Please specify)		
Surname		
Other Names		
Maiden Name (if applicable)		
Identity Card No. / Passport No.		
Date of Birth (DD MM YYYY)		
Nationality		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other
Permanent Residential Address		
Correspondence Address (if different from Residential)		
Phone No. / Fax No.		
Mobile No.		
Email Address		
Occupation / Name of Employer		
US Person	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Tax residence		
PEP / Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

FOR EXPATRIATES ONLY (COPY OF PERMIT TO BE ENCLOSED)

Passport No.5	Issued on: Expiring on:	Residence Permit No	Issued on: Expiring on:	Passport No.6	Issued on: Expiring on:	Residence Permit No	Issued on: Expiring on:
Work Permit No.	Issued on: Expiring on:	Occupation Permit No.	Issued on: Expiring on:	Work Permit No.	Issued on: Expiring on:	Occupation Permit No.	Issued on: Expiring on:

SECTION J: TERMS AND CONDITIONS

1. I/We declare that the details given are correct, true and complete and agree to inform the Bank of any change in the information provided supported by documents where required. I/We further authorise the Bank to make any independent enquiries on me/us in accordance with your normal procedures in connection with this application.
2. I/We am/are aware that following the enforcement of the Financial Intelligence and Anti-Money Laundering Act 2002, the Bank must take such measures as are reasonably necessary to ensure that neither they nor any service offered by them are capable of being used by a person to commit or to facilitate the commission of money laundering offence. As such, I/we certify that the money remitted into this account will be from lawful business activity and not proceeds of any economic crime or money laundering activity.
3. I/We am/are also aware that by virtue of section 58(1) and (2) of the Banking Act 2004, I/we am/are required to exercise reasonable promptness in examining our bank statement or cheque(s) to determine whether any payment was not authorised because of an alteration of a cheque or because of a purported signature by us or on our behalf was not authorised. I/We undertake to promptly notify the bank of any such unauthorised payment after having reasonably discovered.
4. I/We am/are aware that a copy of the fees, charges and commission, the Code of Banking Practice, rules and other specific terms and conditions applicable to particular types of account are available at the branch and on the Bank's website. These terms are governed by and construed in accordance with the laws of Mauritius.
5. I/We authorise: to open or continue (as the case may be) any account(s) in my name/our joint names and to close any account(s) so opened in my name/our joint names; and to honour and comply with all cheques, promissory notes and other orders drawn and all bills accepted on my/our behalf.
6. I/We are aware that if orders are given by telecommunications, and if the Bank carries out such orders they are carried out for account and at the risk of the Customer. The Customer undertakes to bear all resulting consequences thereof including those attributable to misunderstandings, errors and duplications.
7. I/We authorise the Bank to make independent enquiries on any shareholders, directors, beneficial owners or authorised signatories in accordance with your normal procedures in connection with this application, including but not limited to a reference from banks with whom we already maintain a relationship.
8. I/We undertake to inform the Bank in the event of a change of beneficial ownership, directorship, shareholding and authorised signatories.
9. The Bank reserves the right to close the account at any time by giving reasons thereof and a prior notice of 15 days.
10. I/We undertake to submit fresh / updated KYC documents and information upon request.
11. I/We undertake to submit renewed Trade licence, Passport, Residence Permit, Work Permit or Occupation Permit upon expiry.
12. The present terms and conditions may be modified at any time in the way the Bank thinks most appropriate.
13. In the presence of various instructions, the total amount of which exceeds the available balance on the account to be debited and/or the credit limit granted, the Bank is entitled to determine in its sole and absolute discretion, which instruction/s should be executed, regardless of the date which it/they bear/s or that on which it/they was/were received.

Data Protection Details

1. The Bank undertakes to abide with the provisions of the Data Protection Act 2017 to treat personal data pertaining to its client and related to its business relationship with the client (hereinafter "Client Personal Data") as confidential.
2. The client agrees that the Bank is entitled to disclose Client Personal Data in order to comply with legal and/or regulatory obligations as well as to safeguard its legitimate interests.
3. Please refer to the Bank's Data Privacy Notice (DPN) found on our website www.sbimauritius.com or on request at all branches.

I/We have read and understood the rules and regulations of the Product(s)/Service(s) opted for and agree to abide by the terms and conditions relating to the conduct thereof as also any changes brought about therein from time to time. A copy of the rules (Savings Account/Current Account/Fixed Deposit Account/Internet Banking/ATM Card) has been made available to me/us.

In case of an illiterate customer, the rules as mentioned above, are explained verbally to me/us using a simple language.

Signature 1: _____ Signature 2: _____ Signature 3: _____

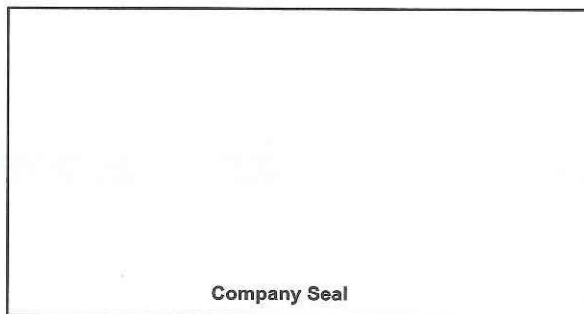
Name: _____ Name: _____ Name: _____

Date: ____/____/____ Date: ____/____/____ Date: ____/____/____

Signature 4: _____ Signature 5: _____ Signature 6: _____

Name: _____ Name: _____ Name: _____

Date: ____/____/____ Date: ____/____/____ Date: ____/____/____



FOR OFFICE USE ONLY

Account No.: _____

Checks carried out on all customers prior to account opening by Maker and Checker (Tick as applicable)

Caution List Blacklisted List OFAC World-Check Checked by _____ Verified by _____

Quarterly Income Range: MUR _____ to MUR _____

Account opening processed and Input by: _____ Verified by: _____ Approved by: _____

Name: _____ Name: _____ Name: _____

Signature _____ Signature _____ Signature _____

I certify that the account is fully KYC Compliant. _____

Name and Signature of Authorised Signatory

KNOW YOUR CUSTOMER CHECK LIST (Please tick in the column as appropriate)

LOCALLY INCORPORATED COMPANY	SOCIETE / PARTNERSHIP	
Certificate of Incorporation and Memorandum & Articles of Association or Constitution (if any)	Certificate of Registration	
Business Registration Card	Acte de Société / Partnership Deed	
Trade Licence (Applicable and Renewals)	Business Registration Card	
Latest Financial Statement or Forecast Cash Flow Statement	Trade Fee Receipt or any other trading licence for the business specified in the deed	
Business Plan in Bank's format	Letter from the Board that the Société/Partnership has not been dissolved	
Proof of Address of principal place of Business	Latest Financial Statement	
Resolution of the Board of Directors for opening of account, mentioning the type of account to be opened, currency, appointment of bankers, mode of operation and name of Directors and authorised signatories	Business Plan	
	A list of all Partners and Authorised Signatories	
A list of all Directors, Shareholders who ultimately own or control the company, Secretary and Authorised Signatories	Board Resolution (Authorising opening of Account with SBIML/ Clearly specifying the Authorised Signatories, appointment of Bankers and mode of operation of the Account to be opened	
Copy of NIC/Passport of Directors, Shareholders, Secretary, Authorised Signatories, Beneficial Owner and Ultimate Beneficial Owners	Copy of NIC/Passport for all Partners and Authorised Signatories	
Proof of address of Directors, Shareholders, Secretary, Authorised Signatories, Beneficial Owners and Ultimate Beneficial Owners	Proof of Address (Utility Bill less than 3 months) for all Partners and Authorised Signatories	
Company Seal (if available)	KYC of the UBO	
Company Search	Report of Site Visit made, Where applicable	
Report for site visit to the place of business of company, where applicable and practical	Search from the Registrar of Companies (Partnership Division) that the Société continues to exist	
In case of Foreign Director/Shareholder/Authorised Signatory – Residence Permit and Work Permit, Occupation Permit & Independent Bank Reference	In case of Foreign Société, a Certificate of Good Standing must be obtained from the Registrar of Association	
In case of shareholding company holding 20% or more of shares – 1. KYC of shareholding company (including Certificate of Incorporation, Business Registration Card, Trade Licence) 2. List of all Directors/Shareholders/Authorised Signatories/ Beneficial Owners/UBOs, Business Plan), 3. KYC of the UBO. 4. Company search on shareholding company.		

KNOW YOUR CUSTOMER CHECK LIST (Please tick the column as appropriate)

FOUNDATION	CLUB / ASSOCIATION/FUND/TRADE UNION	
Certificate of Registration	Certificate of Registration	
Charter or Articles (if any) mentioning the Purpose and Objects of the Foundation	Status / Constitution / Rules of Association	
Proof of Address of the registered office of the Foundation	Board Resolution (Authorising opening of Account with SBIML/Clearly specifying the Authorised Signatories, appointment of bankers and mode of operation of the Account to be opened)	
Business Plan / Transaction Profile	Security Bond	
Copy of National Identity Card / Passport for Founder / Beneficiaries / Secretary and Council members / Trustee / Settlor and Authorised Signatories	List of Office Bearers and Members of Association / Club	
Proof of Address (Utility Bill less than 3 months) of the Founder / Beneficiaries / Secretary and Council Members / Trustee / Settlor and Authorised Signatories	Copy of National Identity Card / Passport for President, Vice President, Treasurer, Asst. Treasurer, Secretary, Office Bearer & Administrator	
Council's resolution authorising opening of account and mode of operation	Proof of Address (Utility Bill less than 3 months) for President, Vice President, Treasurer, Asst. Treasurer, Secretary, Office Bearer, Administrator and of the entity	
Search report at the Registrar of Foundation, if applicable	Report of Site Visit made, Where applicable	
Report of Site Visit made, where applicable		
	TRUST	
PARASTATAL BODIES	Trust Deed	
Relevant Act of Parliament	A list of all Trustees, Beneficiaries, Settlor and Authorised Signatories	
Constitution of the Board	Request from the Trust's Managing Company to open account and mentioning nature/purpose of trust and mode of operation and that they are aware of the source of funds.	
List of all Office bearers and authorised signatories	A written confirmation from the trustees that the true identity of Settlor/Beneficiary is known to them and there are no anonymous principals	
Board Resolution authorising opening of account and appointment of Bankers	Copy of National Identity Card / Passport for Trustee, Beneficiary, Settlor and Authorised Signatories.	
NIC/Passport of Office bearers and authorised signatories	Proof of Address (Utility Bill less than 3 months) for Trustee, Beneficiary, Settlor and Authorised Signatories.	
Proof of Address of all Office bearers and authorised signatories	Independent Bank Reference (where applicable)	
KYC of the UBO	Business Plan / Transaction Profile	

Filled by

Verified by

Name of Associate / S.Associate : _____

Name of Officer / Supervisor : _____

Date : _____

Date : _____

Signature : _____

Signature : _____

NOTE: List of documents mentioned above are not exhaustive. Additional documents may be required depending on type of customer/nature of business / risks that customer may pose, on a case to case basis.