



# SBI (Mauritius) Ltd

Bank to grow with  
H.O: 7<sup>TH</sup> 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**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Customer ID:.....

Created on : .....

Linked/annexed to Account number:.....