**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:** _____

# ACCOUNT OPENING FORM FOR INDIVIDUAL CUSTOMER

*1. Fill in BLOCK Letters only and Tick (✓) the appropriate boxes.*

*2. In case of illiterate customers, thumb print must be affixed in the presence of two Bank Officials.*

*3. Delete whichever is not applicable.*

**TYPE OF ACCOUNT** ☐ **SAVINGS** ☐ **CURRENT** ☐ **OTHER**_____

☐ New Customer ☐ Existing Customer

## CUSTOMER PERSONAL DETAILS

**CUSTOMER TYPE:** ☐ Mauritian Resident ☐ Non Resident (Mauritian) ☐ Staff ☐ Expatriate (Resident) ☐ Foreigner ☐ Minor

**TITLE:** ☐ Mr. ☐ Mrs. ☐ Miss ☐ Minor

Surname

Other Name

Maiden Name *(if Applicable)*

Former Name *(where Applicable):** Alias *(If Applicable):*

*(* Collect evidence of change of Name)*

Marital Name *(Where Applicable)*

Date of Birth: ____/____/____ (Date / Month / Year) **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

Same as Correspondence Address: ☐ *Specify if different:*

Telephone No. (Landline):_____ Mobile No.:_____ Fax No. _____

Email Address: _____

## CORRESPONDENCE ADDRESS

Postal code: *(if any)*: _____ Country: _____ Telephone No.: _____

## ADDITIONAL DETAILS

**Occupation Type:** ☐ 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:_____

Trade Licence No. _____ Trade Licence Issue Date : ____/____/_____ Expiry Date: ___/___/_____

Business Registration Card No. _____ & Issue Date: ____/____/_____

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 :Rs._____or Quarterly:Rs._____ or Yearly:Rs._____

Gross Income : Monthly :Rs._____or Quarterly:Rs._____ or Yearly:Rs._____

### TRANSACTIONS PASSING THROUGH THE ACCOUNT (Daily/Weekly/Monthly/Quarterly/Yearly) :

Amount : _____ ; Number of Transactions: _____

Destination of funds passing through the account : _____

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

Are you a non-resident in Mauritius? ☐ Yes ☐ No *(If No, please fill in the self-certification form as appropriate)*

**Please specify your Tax-Residence Country:**

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

## FOR EXPATRIATES

| | | | |
|---|---|---|---|
| **Work Permit No.** | Issued on:_____<br>Expiring on:_____ | **Residence Permit No.** | Issued on:_____<br>Expiring on:_____ |
| **Occupation Permit No.** | Issued on:_____<br>Expiring on:_____ | **Non Citizen ID (NCID)** | Issue Date:_____ |

## OTHER ACCOUNT HOLDER *(if applicable)*

☐ Joint Account or ☐ Legal Administrator / Guardian

## CUSTOMER PERSONAL DETAILS

**CUSTOMER TYPE:** ☐ Mauritian Resident ☐ Non Resident (Mauritian) ☐ Staff ☐ Expatriate (Resident) ☐ Foreigner ☐ Minor

**TITLE:** ☐ Mr. ☐ Mrs. ☐ Miss ☐ Minor

Surname

Other Name

Maiden Name *(if Applicable)*

Former Name *(where Applicable) :** Alias *(If Applicable):*

** (Collect evidence of change of Name)*

Marital Name *(Where Applicable)*

Date of Birth: ____/____/_____ (Date / Month / Year) ☐ **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

Same as Correspondence Address: ☐ *Specify if different:*

Telephone No. (Landline):_____ Mobile No.:_____ Fax No. _____

Email Address:_____

## CORRESPONDENCE ADDRESS

Postal code: *(if any)*: _____ Country: _____ Telephone No.: _____

## ADDITIONAL DETAILS

**Occupation Type:** ☐ 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:_____

Trade Licence No. _____ Trade Licence Issue Date : ____/____/_____ Expiry Date: ___/___/_____

Business Registration Card No. _____ & Issue Date: ____/____/_____

Source of Funds : _____

Gross Income : Monthly :Rs._____ or Quarterly:Rs._____ or Yearly:Rs._____

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

Are you a non-resident in Mauritius? ☐ Yes ☐ No *(If No, please fill in the self-certification form as appropriate)*

**Please specify your Tax-Residence Country:**

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

## FOR EXPATRIATES

| | | | |
|---|---|---|---|
| **Work Permit No.** | Issued on:_____<br>Expiring on:_____ | **Residence Permit No.** | Issued on:_____<br>Expiring on:_____ |
| **Occupation Permit No.** | Issued on:_____<br>Expiring on:_____ | **Non Citizen ID (NCID)**<br>Issue Date:_____ | |

## ACCOUNT OPENING DETAILS

**TYPE OF ACCOUNT :**

- ☐ Savings
- ☐ Current
- ☐ Foreign Currency Account
- ☐ Other: _____

**TYPE OF ACCOUNT REQUIRED:**

- ☐ Savings Ordinary ☐ Savings with Cheque Book
- ☐ Current Ordinary
- ☐ Overdraft
- ☐ Other:_____

**CURRENCY OF ACCOUNT**

- ☐ MUR
- ☐ USD
- ☐ EUR
- ☐ GBP
- ☐ Other:_____

## DETAILS OF APPLICANT

**Sole/First Holder:**

CIF No.: | | | | | | | | | |

Surname:

Other Name:

**Second Holder:**

CIF No.: | | | | | | | | | |

Surname:

Other Name:

**Third Holder:**

CIF No.: | | | | | | | | | |

Surname:

Other Name:

**Residence:** ☐ Owned ☐ Rented ☐ Mortgaged ☐ Living with relatives ☐ Employer provided ☐ Other_____

## DETAILS OF OTHER ACCOUNTS

1. Details of present main bankers: *(Optional):*

| Bank | Branch | Type of Account | Account Number |
|---|---|---|---|
| | | | |
| | | | |

2. Do you maintain or have you previously maintained an account with **SBI (Mauritius) Ltd** or any other branch of **State Bank of India**? *If yes, please complete the following:*

   Branch: _____ Account No. _____

3. Are you opening a second account? *If yes, please provide reason for opening a second account:*

   _____

## SERVICES REQUIRED

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

2. INTERNET BANKING: ☐ Required ☐ Not Required *(If required, please fill in the* Internet Banking Application Form*)*
   (Daily limit is USD 15,000 by Default) *(Terms & Conditions Apply)*

3. MOBILE BANKING: ☐ Not Required ☐ Required *(If required, please fill in the* Mobile Banking Application Form*)*
   *(Terms & Conditions Apply)*

4. SMS ALERTS : SMS Alerts on Mobile number: ☐ Required ☐ Not required
   SMS Alerts service to be enabled on this Number. _____

5. CHEQUE BOOK: ☐ Not Required
   ☐ Required No. of Sheets: ☐ 25 ☐ 50 ☐ 100

6. (i) STATEMENT FREQUENCY: ☐ Monthly ☐ Quarterly ☐ Half-Yearly
   (ii) STATEMENT DELIVERY: ☐ Not Required ☐ **Required by:** ☐ Email: _____
   ☐ By Post:( ☐ Registered or ☐ Correspondence )

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

8. 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) _____

9. ADVERTISING MATERIALS:
   ☐ I agree to receive marketing / advertising materials from the Bank in respect of its products and services.
   ☐ Not required

## MODE OF OPERATION AND SPECIMEN SIGNATURE(S)

Mode of Operation: ☐ Singly ☐ Jointly ☐ Either or Survivor

**NOTES:**

i. **Account operated Singly :** On death of customer, balance shall be paid to all heirs.
ii. **Account operated Jointly:** On death of one customer, balance shall be shared equally between the survivor and all heirs of deceased party.
iii. **Account operated by Either or Survivor:** On death of one customer, balance shall be paid to survivor.

| **Name of Account** | | **Account No:** |
|---|---|---|
| **Name(s)** | **NIC/Passport No.** | **Signature** |
| | | |
| | | |
| | | |

## TERMS AND CONDITIONS

1. I/We am/are aware that the processing of application for account opening/remittance has been outsourced to a third party and the Bank assures its customers that section 64 of the Banking Act 2004 with respect to confidentiality will be complied with in the process.
2. 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.
3. 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.
4. 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 my/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.
5. 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.
6. 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.
7. I/We am/are aware that in the case where the mode of application is 'Jointly', any credit balance in the deceased's joint account is to be held in the joint name of the Survivor(s) and heirs of the deceased. In the case, where the mode of application is 'Either or Survivor', any credit balance in the joint account is to be held in the name of the Survivor(s).
8. The Bank reserves the right to close the account at any time by giving reasons thereof and a prior notice of 15 days.
9. I/We undertake to submit fresh/updated KYC documents and information upon request.
10. I/We undertake to submit renewed Trade Licence, Passport, Residence Permit, Work Permit or Occupation Permit upon expiry, where applicable.
11. The present Terms and Conditions may be modified at any time in the way the Bank thinks most appropriate.
12. 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.

**Identity of Customers**

As per the Banking Act 2004, the Bank shall only open accounts where it is satisfied that the true identity of the person applying for business relationship has been established. The applicant should submit to the Bank originals of all proof of identity and proof of address, which the Bank shall deem necessary, i.e. National Identity Card/Passport ID, Utility bills and any other documents that may be requested/accepted by the Bank from time to time. Any change in respect of same should be communicated forthwith to the Bank.

**Deposits and Withdrawals**

The initial deposit and minimum interest bearing balance is Rs. 1,000/- for ordinary savings account and Rs. 5,000/- for savings accounts with cheque book facility. The initial deposit for current account is Rs. 5,000/- and is non interest bearing account. Deposits should be accompanied by Passbook for purpose of entry. However, if passbook is not produced during transaction, depositor should have the Passbook updated.

**Passbook/Statement of Account**

At the time of opening account, a Passbook is issued by the Bank free of charge. Once this Passbook is full and completed, replacement Passbook is issued, also free of cost. Passbook is to be produced for any credit or debit to account. In terms of section 58(1) of the Banking Act, a customer is required to exercise reasonable promptness in examining the statement of account made available to him to determine any discrepancies. In case of discrepancies, the customer shall promptly notify the Bank of the relevant facts pursuant to section 58(2) of the Banking Act 2004.

**Interest, Fee and Charges**

Interest at the prevailing SBI Savings Rate shall be computed daily, subject to the minimum balance and shall be payable as per Bank's policy. Savings interest rates and fees are governed by rules of the Bank, Mauritian Banking rules and banking practices which may be subject to modification from time to time. In respect of account (including with cheque book facility), not more than twelve withdrawals are allowed in a month if customer wishes to obtain interest on balance in the account. If withdrawals exceed twelve debits per month (excluding standing orders, fee & transactions completed through internet banking, ATM, Mobile Banking or Point of Sale), the depositor shall not be eligible to receive interest for that month. The fees and charges applicable to the account and to other services and products offered by the Bank are listed in the table of Fees and Charges displayed at all SBI branches and SBI's website (www.sbimauritius.com).

**Inoperative account**

All accounts on which there have been no transactions other than non-user initiated accounting entries such as interest payments and fees, for a period of 2 years (Saving account) and 1 year (Current account) will be considered as inoperative. For the island of Rodrigues, the period shall be 1 year for Savings account and 6 months for Current account.

Detailed rules (Savings Account/Current Account/Fixed Deposit Account/Internet Banking/ATM Card) are available on the Bank's website: www.sbimauritius.com or on request at all branches.

**Data Protection Details**

1. The Bank undertake 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 our Data Privacy Notice (DPN) found on our website www.sbimauritius.com or on request at all branches.

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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.

I/We declare that I/We am/are not a politically exposed person/s or close associate/s or close relatives of a politically exposed person as defined in FIAMLA 2002 and Bank of Mauritius regulations.

I/We declare that I/We am/are a US Person / not a US Person [*delete as appropriate*].

Signature 1: _____ Signature 2: _____

Name_____ Name:_____

Date: _____/_____/_____ Date: _____/_____/_____

Signature 3: _____

Name_____

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 Checked by:..... Verified by:.....

**Quarterly Income Range:** MUR_____to MUR_____

**Opening opening processed and Input by** **Verified By:** **Approved by:**

Name:_____ Name:_____ Name:_____

Signature: _____ Signature: _____ Signature: _____

**I certify that the account is fully KYC compliant.**

_____

***Signature of Branch Head***

## 'KNOW YOUR CUSTOMER' CHECK LIST (FOR OFFICE USE ONLY)

| | MAURITIAN - RESIDENT | | EXPATRIATE WORKER |
|---|---|---|---|
| | National Identity Card/ Passport | | Passport |
| | Proof of Address (less than 3 months) | | Local Proof of Address (less than 3 months) |
| | Proof of Income | | Permanent Proof of Address |
| | Marriage Certificate<br>(in case proof of address is in the name of spouse) | | Residence Permit/ Work Permit/ Occupation Permit<br>(in case occupation permit is available,<br>residence permit is not required) |
| | In case of Trader<br>(Trade Licence and Business Registration Card) | | Letter from employer or temporary/<br>renewable residence permit |
| | | | Proof of Income |
| | **ILLITERATE CUSTOMERS** | | Page of Passport with date of arrival |
| | Passport size Photo | | Letter of closure in case the Work/ Residence/ Occupation Permit is not submitted within 15 days after expiry of permits |
| | Identity Card | | |
| | Proof of address (less than 3 months) | | **FOREIGNER** |
| | Proof of Income | | Passport |
| | **MINORS** | | Proof of Address in foreign country (bank statement) |
| | Birth Certificate | | Authority to obtain independent bank reference |
| | Identity Card/ Passport of Legal Guardian/ Administrator | | Proof of Income |
| | Proof of Address (less than 3 months)<br>of Legal Guardian/ Administrator | | **FOR FOREIGN WORKER** |
| | | | Work Permit & Residence Permit |
| | Judge's Order (if applicable) | | Occupation Permit (Residence Permit not required) |
| | **INCAPACITATED ADULTS** | | **FOR FOREIGN STUDENT** |
| | Birth Certificate of Incapacitated Adult | | Passport |
| | Identity Card/ Passport of Legal Guardian/ Administrator | | Proof of current residential address |
| | Proof of Address (less than 3 months) of Legal Guardian | | Letter from University |
| | Judge's Order | | Student Visa |
| | **MAURITIAN – NON RESIDENT** | | Residence Permit |
| | Passport | | |
| | Local Proof of Address (less than 3 months) | | |
| | Permanent Proof of Address or Permanent Residence Permit | | |
| | Declaration that he is non-resident | | |
| | Proof of Income | | |