





## AUTHORISED SIGNATORIES/ DIRECTORS/ SHAREHOLDERS/ PARTNERS/ ULTIMATE BENEFICIAL OWNER\* PROFILE

Customer's Name: \_\_\_\_\_ Account No: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

		1	2	3
ID (Bank use)				
Name	First Name			
	Maiden Name			
	Last Name			
Title (Mr / Mrs / Ms)				
NIC number				
Role				
Date of Birth				
Marital Status				
Residential Address				
Mailing Address				
E-mail Address				
Phone No.				
Mobile Phone No.				
Profession				
SBM Customer				

\*We hereby declare that the Ultimate Beneficial Owner(s) of the business relation or transaction is/are as above.

Company Seal:

Name: \_\_\_\_\_

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

# SIGNATURE DATA SHEET

Customer Name : \_\_\_\_\_

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

Account Number : \_\_\_\_\_

CIF : \_\_\_\_\_

Name: \_\_\_\_\_

CIF: \_\_\_\_\_ NIC/PASSPORT: \_\_\_\_\_

## Authentication

We, \_\_\_\_\_ represented by Mr/Mrs/Ms \_\_\_\_\_  
certify and confirm that the above specimen signatures have been authenticated by us and that these are the true signatures of the aforesaid persons

\_\_\_\_\_  
Signature of the certifier (seal of company to be affixed)

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

# BOARD RESOLUTION

Name of Entity: \_\_\_\_\_

Nature of Entity: \_\_\_\_\_

(domestic company / global business company / trust/foreign company / partnership / societe etc)

Extract of minutes of Meeting of \_\_\_\_\_ held, at its registered office situated at \_\_\_\_\_

The resolution set out below was duly passed and has been recorded in the minutes book of the entity.

It was resolved that:

ACCOUNT OPENING

The Entity is authorized to open MUR / MULTICURRENCY Account(s) acceptable to the SBM Bank (Mauritius) Ltd ("Bank") as per its terms and conditions. The entity subscribes to all such documents necessary for the opening of the account and all documents, cheques, drafts, bills of exchange and other instruments whatsoever shall be executed by:

Mess. \_\_\_\_\_

\_\_\_\_\_ who are hereby appointed as the authorized signatories of the entity and any change thereto shall be notified to the Bank accordingly.

Mode of operation of account will be as follows:

## RELATED BANKING SERVICES

The entity will also avail of the various services offered by the Bank as stated below.

INTERNET BANKING

That the account of the entity with SBM Bank (Mauritius) Ltd be operated "inter alia" through electronic means of any kind, type or nature including internet banking by the use of personal identification numbers and subject to the terms and conditions.

That the following person/s of the entity (hereinafter mentioned as "authorised users / person/s") is / are authorised in the following manner / in the manner indicated in schedule:

NAME	NIC/ passport No.	ACCESS MODE OF USER (view / transact)

That the authorised users / person/s is / are hereby authorised on behalf of the entity to operate the account(s) of the entity through the Internet Banking by use of personal identification number(s) PIN(s) to be provided by the Bank.

E STATEMENT AND  E ADVICE

That the E-statement and E-advice of the entity should be sent to the following e-mail address;

\_\_\_\_\_ That the Entity agrees to abide by the terms and conditions for the e-Statement and e-Advice service.

THE PRESENT MINUTES ARE UNANIMOUSLY APPROVED.

I / We \_\_\_\_\_ hereby acting as the Secretary / Chairperson of the Meeting of the Board at which the said foregoing resolution were passed; hereby certify that the said aforesaid resolutions were passed and are now in full force and effect.

I / We confirm that the above information is true and correct.

Certified true copy and drawn up on \_\_\_\_\_

\_\_\_\_\_  
Signatories Signatories

\_\_\_\_\_  
Signatories Signatories

## BUSINESS PLAN

Customer Name:

Do you maintain or have maintained any account(s) with any other Bank? If yes, please complete the following:

Bank:

Are you a Subsidiary/Associate of another organization?

Subsidiary of \_\_\_\_\_ (i.e. owned more than 50%)

Associate of \_\_\_\_\_ (i.e. owned 10-50%)

Description of business activities, lines of business and license held					
Countries of operation/targeted market					
Initial inflow in Account From shareholder or sister company or Other (please specify)					
Source of wealth / funds of the individual shareholders (if source of funds comes from shareholders' funds)					
Source of regular funds in account (in relation to business activity)					
Purpose of opening account					
Estimated Annual Deposits / Turnover		Year	Year	Year	
Estimated Annual Transactions		Deposits		Withdrawals	
Size of monthly inflow / outflow transactions in account		Inflows		Outflows	
		Number	Amount	Number	Amount
	Min				
	Max				
Names of usual Beneficiaries and Remitters		Beneficiaries:			
		Remitters:			
Date: ____ / ____ / ____		Authorised Signatories:			
		Company Seal:			

NOTE: Structure chart to be enclosed with the Business Plan



AUTHORISED USER DETAILS

ACCOUNTS TO BE ACCESSED

USER TYPE (PLEASE TICK WHERE APPROPRIATE)

VIEW ONLY

INITIATOR

AUTHORIZER

INITIATE/VIEW AC

_____																				
_____																				

MODULES TO BE ACCESSED

	Y/N	LIMIT (RS)
ACCOUNTS SUMMARY		
CREDIT CARD		
L/C		
INTERNAL FUNDS TRANSFER		
EXTERNAL FUNDS TRANSFER		

TERM DEPOSITS

STANDING INSTRUCTION

FILE UPLOAD\*

BANK GUARANTEE

	Y/N	LIMIT (RS)

\*IF CHOOSING FILE UPLOAD, KINDLY FILL SALARY AGREEMENT ATTACHED

AUTHORISED USER DETAILS

CIF  
NAME

\_\_\_\_\_

\_\_\_\_\_

ACCOUNTS TO BE ACCESSED

USER TYPE (PLEASE TICK WHERE APPROPRIATE)

VIEW ONLY

INITIATOR

AUTHORIZER

INITIATE/VIEW AC

_____																				
_____																				

MODULES TO BE ACCESSED

	Y/N	LIMIT (RS)
ACCOUNTS SUMMARY		
CREDIT CARD		
L/C		
INTERNAL FUNDS TRANSFER		
EXTERNAL FUNDS TRANSFER		

TERM DEPOSITS

STANDING INSTRUCTION

FILE UPLOAD\*

BANK GUARANTEE

	Y/N	LIMIT (RS)

\*IF CHOOSING FILE UPLOAD, KINDLY FILL SALARY AGREEMENT ATTACHED

AUTHORISED USER DETAILS

CIF  
NAME

\_\_\_\_\_

\_\_\_\_\_

ACCOUNTS TO BE ACCESSED

USER TYPE (PLEASE TICK WHERE APPROPRIATE)

VIEW ONLY

INITIATOR

AUTHORIZER

INITIATE/VIEW AC

_____																				
_____																				

MODULES TO BE ACCESSED

	Y/N	LIMIT (RS)
ACCOUNTS SUMMARY		
CREDIT CARD		
L/C		
INTERNAL FUNDS TRANSFER		
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TERM DEPOSITS

STANDING INSTRUCTION

FILE UPLOAD\*

BANK GUARANTEE

	Y/N	LIMIT (RS)

\*IF CHOOSING FILE UPLOAD, KINDLY FILL SALARY AGREEMENT ATTACHED

Initials of Signatories: \_\_\_\_\_

# BOARD RESOLUTION – CREDIT CARD

Name of Entity: \_\_\_\_\_

Nature of Entity: \_\_\_\_\_

(domestic company / global business company / trust / foreign company / partnership / societe etc)

Extract of minutes of Meeting of \_\_\_\_\_ held, at its registered office situated at \_\_\_\_\_ on \_\_\_\_\_

The resolution set out below was duly passed and has been recorded in the minutes book of the entity.

The entity has resolved to avail from SBM Bank (Mauritius) Ltd ("Bank") a \_\_\_\_\_ (product name) in \_\_\_\_\_ (currency) with limit of \_\_\_\_\_ (in words/ figures) to be used by \_\_\_\_\_ (card user name) against \_\_\_\_\_

The entity allows the Bank to debit the (part or full) outstanding amount on each payment due date as follows:

Settlement Account Number: \_\_\_\_\_

Repayment Terms:  5%  10%  25% etc

The entity subscribe in favour of the Bank all such documents necessary to secure the aforesaid facility, as is required by the Bank and appoints \_\_\_\_\_ to execute all such deeds/ agreements necessary for the implementation of the above facility.

THE PRESENT MINUTES ARE UNANIMOUSLY APPROVED.

I / WE CONFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND WILL BE LIABLE FOR ALL TRANSACTIONS AND CHARGES INCURRED BY THE USE OF THE CARD.

I / We \_\_\_\_\_

hereby acting as the Secretary / Chairperson of the Meeting of the Board at which the said foregoing resolution were passed; hereby certify that the said aforesaid resolutions were passed and are now in full force and effect.

\_\_\_\_\_  
Signatories Signatories

\_\_\_\_\_  
Signatories Signatories

# FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) ASSESSMENT FORM

CF:

Entity Name:

## SECTION A: INDICIA OF US ENTITY

Please tick (✓) as appropriate: Numbers in brackets ( ) are related to section B		Yes	No
a	Is the entity incorporated in the US?		
b	Does the entity have a US residence or mailing address?(1)		
c	Does the entity maintain an "in care of" or a "hold mail" US address?(2)		
d	Does the entity have a current US landline phone number?(3)		
e	Does the entity have standing instructions to transfer funds to an account maintained in the US, or instructions regularly received from a US address?(4)		
f	Does the entity have any income from US source?(5) (See Note A)		
g	Has the entity granted a power of attorney or signatory authority to a person with a US address?(6)		
h	Is the entity taxable in the US?(7)		
i	Is the entity a subsidiary of any company located in the US?(8)		
j	Does the entity have any substantial US owner (US person (shareholder and director) with 10% or more interest by vote or value) and/or any Ultimate Beneficial Owner (UBO) with US citizenship? If "Yes", please complete section C below.		

If you have answered "Yes" to any of the above, please complete section B.

Note A: Income can be interest, dividend, rent, salary, wage, premium, annuities, compensations, remuneration, emoluments and other fixed or determinable annual or periodic gains, profits and income from US sources. Also include gross proceeds from sale or other disposition of any property of a type which can produce interest or dividend from US sources.

## SECTION B: ADDITIONAL INFORMATION

If you have answered "Yes" to any of the above, please complete this section. Write N/A where not applicable.

1	US residence or mailing address	
2	US "in care of" / "hold mail" address	
3	US landline phone number	
4	Purpose / Type of transfer of fund	
5	Type of income	
6	Name/s and address/es of US authorised signatory or person having power of attorney	
7	US Tax Identification Number (TIN)	
8	Name of Holding company	

## SECTION C: US SUBSTANTIAL OWNER (US person with 10% or more interest by vote or value) / UBO with US citizenship

	NAME	ADDRESS	TIN
1			
2			
3			
4			
5			

Authorised Signatories: \_\_\_\_\_

## Important Note:

SBM BANK (Mauritius) Ltd hereby informs you that if the above entity is connected to the US (for example if it is a US entity or receive any fixed or determinable, annual or periodic income from the US), SBM BANK (Mauritius) Ltd may be obliged to report information related to its account to the competent tax authority in the United States.

### COMPANY SECRETARY / DIRECTOR OR CHAIRMAN DECLARATION

The entity above is / is not a US entity or taxable under the US laws. (Please delete as appropriate) I / We confirm that all the information provided above is true and correct.

I / We understand it is my / our responsibility to inform SBM BANK (Mauritius) Ltd of any changes regarding the entity's tax status.

I / We am / are aware that SBM BANK (Mauritius) Ltd shall be required to disclose and report to its competent local tax authority any tax information, financial account information or any additional due diligence information obtained from me/us in compliance with the FATCA regulation.

Name (A): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (B): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Seal: \_\_\_\_\_

#### OFFICE USE

FATCA classification: Entity is a

Reportable

Non-Reportable

Staff Name: \_\_\_\_\_

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

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

Supervisor Approval: \_\_\_\_\_

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

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

Seal: \_\_\_\_\_

Verified by OPC: \_\_\_\_\_

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

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