

Dear Customer,

We thank you for choosing to bank with SBM.

Kindly follow the steps below to reactivate your account:

1. Print the following forms

Account Reactivation Form
FATCA
CRS

and send the duly completed forms to the following address together with

Certified copy of your National Identity Card (NIC) or Passport
Utility Bill or
Bank Statement less than 3 months old as proof of your address:

Customer Service Centre
SBM Bank (Mauritius) Ltd
Hennessy Tower
Pope Hennessy Street
Port Louis
Republic of Mauritius

2. Upon receipt of the above documents, we shall reactivate your account and a confirmation will be sent to your e-mail address.
3. Kindly note that for security reasons, your account will become dormant again after thirty (30) days if there is no transaction on the said account following its reactivation.

Note:

This service has been made available for customers who cannot call at the Bank.

The following terms and conditions are applicable

- 1 Non-residents should provide a copy of their NIC, in preference, or their Passport. Foreigners should provide a copy of their passport.
- 2 Your NIC/Passport/Utility Bill/Bank Statement should be duly certified as true copy by a bank manager or a lawyer or a chartered accountant or a medical practitioner or a Notary or Attorney at Law who clearly adds to the copies (by means of a stamp or otherwise) his name, address, telephone number and profession.
- 3 For Mauritian residents, copies of KYC documents (NIC/Utility Bill) may be certified at any SBM Branch

ACCOUNT REACTIVATION FORM

Customer Service Centre
SBM Bank (Mauritius)Ltd
Hennessy Tower
Pope Hennessy Street
Port Louis
Republic of Mauritius

Dear Sir/Madam,

Re: Reactivation of Dormant account

I/We, the undersigned, hereby request you to reactivate my/our Account as provided below:

A/c Number :
Surname :
Other names :
Address :
:
:

Utility bill in self-name: Yes No

If no please specify relationship:

National ID/Passport No: **Expiry date:**...../...../.....

Phone: Residence: Mobile:

Current Occupation:..... **Current monthly Income:**.....

Employer:.....

E-mail:

Yours faithfully,

Signature

Signature

Date

Note: The account will become dormant again after thirty (30) days if no transaction is effected upon reactivation of the account and thereafter 2 years for savings account & one year for current account as from your last transaction following reactivation.

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) ASSESSMENT FORM

Section A: INDICIA OF US PERSON

Customer Name(1): _____
Customer Name(2): _____

CIF: _____
CIF: _____

	Customer 1		Customer 2	
	Yes	No	Yes	No
Please tick (✓) as appropriate: Numbers in brackets () are related to section B				
a Are you a US citizen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Do you have a US Green Card? ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Are you taxable in the US? ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Were you born in the US?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Do you have a US passport? ⁽³⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Is your country of residence US?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Do you have a current US residence or mailing address? ⁽⁴⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h Do you have a current US landline phone number? ⁽⁵⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i Do you maintain an "in care of" or a "hold mail" US address? ⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j Have you lived or worked in US during the past 3 years? ⁽⁷⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k Do you have any income from US source? ⁽⁸⁾ (See Note A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l Do you have standing instructions to transfer funds to an account maintained in the US, or instructions regularly received from a US address? ⁽⁹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m Have you granted signatory authority to a person with US address? ⁽¹⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n Do you have 10% or more interest by vote or value in a US company? ⁽¹¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If more than 2 individuals, please annex a separate FATCA assessment form.

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.

	Customer 1			Customer 2		
1 US Green Card No						
2 US Tax Identification Number (TIN)						
3 US Passport No						
4 US residence or mailing address						
5 US landline phone number						
6 US "in care of"/"hold mail" address						
7 Dates you have been in US during the past 3 years and reasons for stay (Current year and 2 preceding years)	From	To	Stay Purpose	From	To	Stay Purpose
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8 Type of income						
9 Purpose/Type of transfer of fund						
10 Name/s and address/es of US authorised signatory						
11 Name/s of US company in which you have 10% or more interest by vote or value						

Important Note:

SBM Bank (Mauritius) Ltd hereby informs you that if you are connected to the US (for example if you are a US citizen or resident 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 your account to its competent local tax authority which will in turn pass on the information to the competent tax authority in the United States.

SECTION C: DECLARATION

Customer 1: I am/am not a US citizen or US resident or taxable under the US laws. (please delete as appropriate)

Customer 2: I am/am not a US citizen or US resident or taxable under the US laws. (please delete as appropriate)

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

I/We understand it is my/our responsibility to inform SBM Bank (Mauritius) Ltd of any changes regarding my/our personal and 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 personal tax information, financial account information or any additional due diligence information obtained from me/us in compliance with the FATCA regulations.

Customer 1 Name: Signature: Date:

Customer 2 Name: Signature: Date:

OFFICE USE

FATCA classification: Customer 1 is: Reportable Non-Reportable

FATCA classification: Customer 2 is: Reportable Non-Reportable

Staff Name: Signature: Date:

Supervisor Approval: Signature: Date:

Verified by OPC: Signature: Date:



CRS Individual Self-Certification Form

Part 1 Identification of Individual Account Holder

CIF

A. Name of the Individual who is the Account Holder	B. Date of Birth
Title:	DD/MM/YYYY:
Surname(s):	C. Place of Birth
First or Given Name:	Town or City of Birth:
	Country of Birth:
D. Current Residence Address	E. Mailing Address (complete only if different from Section D)
Address Line 1:	Address Line 1:
Address Line 2:	Address Line 2:
City/Town:	City/Town:
Postal Code/ZIP Code:	Postal Code/ZIP Code:
Country:	Country:

Part 2 Tax Residence Information

Please complete the following table indicating (i) the country where the Account Holder is resident for tax purposes and (ii) the Account Holder's Taxpayer Identification Number or functional equivalent (hereafter referred to as 'TIN') for each country indicated.

If the Account Holder is a resident for tax purposes in more than three countries, please use a separate sheet.

If a TIN is unavailable please provide reason **A**, **B** or **C** where appropriate:

- **Reason A:** The Country where the Account Holder is liable to pay tax does not issue TINs to its residents
- **Reason B:** The Account Holder is otherwise unable to obtain a TIN (please explain why Account Holder is unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C:** No TIN is required (Note: only select this reason if the authorities of the country of residence for tax purposes entered below do not require the TIN to be disclosed)

No.	Country of Residence for Tax Purposes	TIN	If no TIN is available enter Reason A, B or C
1			
2			
3			

If Reason B selected above, explain why the Account Holder is unable to obtain a TIN in the corresponding row below

1	
2	
3	

Part 3 Declaration and Signature

I hereby declare that all information provided and statements made in this Form are to the best of my knowledge and belief, correct and complete and accept full responsibility for any misstatement or inaccurate information provided.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates.

I hereby agree to inform the Bank of any changes regarding my personal and tax status and undertake to advise SBM Bank (Mauritius) Ltd within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide SBM Bank (Mauritius) Ltd with a suitably updated self-certification and Declaration within 90 days of such change in circumstances.

Signature:

Date:

Note: If you are filling the form on behalf of the Account Holder, please mention below your name and the capacity in which you are signing the Form and you should provide information relating to the Account Holder's citizenship and residence for tax purposes rather than your own

Name:

Capacity:

Part 4 OFFICE USE

Processed by:	<input type="text"/>	Staff ID:	<input type="text"/>	Signature:	<input type="text"/>
Verified by OPC:	<input type="text"/>	Staff ID:	<input type="text"/>	Signature:	<input type="text"/>

Department/Service Unit Seal: