

Dear Sir/Madam,

We thank you for choosing to bank with SBM. Kindly follow the steps below to reactivate your account:

1. Print the following forms:
  - a) Account Reactivation Form
  - b) FATCA
  - c) 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  
IFC 2 Building, (Bloomage Building, opposite to SBM Tower)  
10 Dr Ferrière Street  
11328 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

Date:.....

Dear Sir/Madam,

### Re : Reactivation of Dormant Account

I/We, the undersigned, hereby request you to reactivate my/ our account and update my/our mailing address/e-mail address/phone numbers and other details as provided below:

Account No: .....

1)  
Surname: .....

Other Names: .....  
.....

Mailing Address: .....  
.....

Residential Address: .....  
.....

Utility bill in self-name: Yes ☐ No ☐  
If no, please specify relationship: .....

National ID/Passport No.: .....

Mobile Phone: .....

Home Phone: .....

Office Phone: .....

Current Occupation: .....

Current Monthly Income: .....

Employer: .....

Primary email: .....

Office email: .....

Yours faithfully

.....  
Signature

2)  
Surname: .....

Other Names: .....  
.....

Mailing Address: .....  
.....

Residential Address: .....  
.....

Utility bill in self-name: Yes ☐ No ☐  
If no, please specify relationship: .....

National ID/Passport No.: .....

Mobile Phone: .....

Home Phone: .....

Office Phone: .....

Current Occupation: .....

Current Monthly Income: .....

Employer: .....

Primary email: .....

Office email: .....

.....  
Signature

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.

**Office Use (tick as appropriate)**

Customer ID : 1)	.....	Category .....
Customer ID : 2)	.....	Category .....
Signature Verified:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mode of Operation Verified:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Account Status:	Dormant <input type="checkbox"/> Blocked Dormant <input type="checkbox"/>	
Purpose for reactivation:	.....	
Account Balance:	.....	
Customer call in person/s:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Request received by:	Mail <input type="checkbox"/> Fax <input type="checkbox"/> Dispatch <input type="checkbox"/>	
Call Back done:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fax Disclaimer held:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Transaction to be effected:	Manually <input type="checkbox"/> IB <input type="checkbox"/> MB <input type="checkbox"/>	

**KYC Docs Verified and Updated: Yes ☐ No ☐**

ID/Passport:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Proof of Address:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employment Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
FATCA and CRS applicable:	Yes <input type="checkbox"/> No <input type="checkbox"/>
World Check and Accuity:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Foreigner Resident only: Passport/Resident Occupational Permit Still Valid	Yes <input type="checkbox"/> No <input type="checkbox"/>

We certify having updated above customer details, including occupation, salary/income where applicable.

Teller/CSR Name & ID:	.....	Signature:	.....
Supervisor Name & ID:	.....	Signature:	.....
* OIC Name and ID:	.....	Signature:	.....

(for amount > MUR 100K or equivalent in FCY)

\*for Private Banking

Unit Seal
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## SELF-CERTIFICATION FORM - INDIVIDUAL

### PART 1: CUSTOMER DETAILS

CIF:-	
First Name:-	Surname:-
Date of Birth	Country of Birth
Residential Address:-	

### PART 2: FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Please tick (✓) as appropriate

Numbers in brackets () are related to Section A

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

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 A: ADDITIONAL INFORMATION

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

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
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			

Customer: I am/am not a US citizen or US resident or taxable under the US laws.

## SELF-CERTIFICATION FORM - INDIVIDUAL

### PART 3: COMMON REPORTING STANDARDS (CRS)

#### 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 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	TAN/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 4: DECLARATION AND SIGNATURE

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

I understand it is my responsibility to inform SBM Bank (Mauritius) Ltd of any changes regarding my personal and tax status.

I am aware that SBM Bank (Mauritius) Ltd shall be required to disclose and report to competent tax authorities any personal information, financial account information or any additional due diligence information obtained from me in compliance with the FATCA and CRS regulations.

Customer Name: ..... 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: .....

#### OFFICE USE

FATCA classification: Customer is: Reportable ☐ Non-Reportable ☐

Processed by:-..... Staff ID:-..... Signature:-..... Date:-.....

Verified by:-..... Staff ID:-..... Signature:-..... Date:-.....

UNIT SEAL