

ACCOUNT REACTIVATION FORM

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:
 - i. Account reactivation form
 - ii. Self- Certification Form (FATCA & CRS)
 - iii. Data Sharing Consent Form
2. Send the duly completed forms to the below address:

**Customer Service Centre,
SBM Bank (Mauritius) Ltd,
IFC 2 Building (Bloomage Building, opposite SBM Tower),
10 Dr Ferriere street,
11328 Port Louis,
Republic of Mauritius**

Notes :

- (a) The account reactivation form should be accompanied by certified copies of your:
 - i. National Identity Card or Passport (within its validity period)
(For foreigners, certified copy of passport is mandatory)
 - ii. Utility Bill or bank statement which is less than three months old, as proof of your residential address
 - iii. Renewed licence(s)/Permit(s) such as; occupational permit, residence permit, work permit or any other permit (where applicable)
- (b) Any copy of document/s being submitted to the Bank should be certified "true copy of the original" by either of the followings:
 - a Notary
 - a Legal firm,
 - a Barrister
 - an Attorney
 - a senior officer of an Embassy in the country of current location
 - a senior officer of an overseas banking entity within SBM Group
 - in case of non-residents, by the Bank Manager where the person maintains his/her account (this should be evidenced by a bank statement or bank reference).
 - a Management Company licensed by Financial Services Commission (Mauritius) and which maintains relationship with SBM Bank (Mauritius) Ltd.
- (c) All certifications should be dated and bear the official seal of the certifier together with the full name, address and contact details of the certifier.
- (d) Where a document is not in French or English, the bank would require its translated version together with signature of the translator.
- (e) All translated copies should bear the official seal of the translator together with the full name, address and contact details of the translator, as well as evidence that he/she is a sworn translator.
- (f) The bank reserves the right to ask for further documents/information, if required.

Upon receipt of above documents, Bank will reactivate your account and a confirmation will be sent to your e-mail address.

Kindly note that, for security reasons, your account will become dormant again after thirty days if there is no transaction on the account following its reactivation.

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:	2) Surname:
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Other Names:	Other Names:
.....

Mailing Address:	Mailing Address:
.....

Residential Address:	Residential Address:
.....

Utility bill in self-name: Yes <input type="checkbox"/> No <input type="checkbox"/>	Utility bill in self-name: Yes <input type="checkbox"/> No <input type="checkbox"/>
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If no, please specify relationship:	If no, please specify relationship:
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National ID/Passport No.:	National ID/Passport No.:
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Mobile Phone:	Mobile Phone:
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Home Phone:	Home Phone:
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Office Phone:	Office Phone:
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Current Occupation:	Current Occupation:
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Current Monthly Income:	Current Monthly Income:
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Employer:	Employer:
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Primary email:	Primary email:
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Office email:	Office email:
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Yours faithfully

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Signature

.....

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 No

Mode of Operation Verified: Yes No

Account Status: Dormant Blocked Dormant

Purpose for reactivation:

Account Balance:

Customer call in person/s: Yes No

Request received by: Mail Fax Dispatch

Call Back done: Yes No

Fax Disclaimer held: Yes No

Transaction to be effected: Manually IB MB

KYC Docs Verified and Updated: Yes No

ID/Passport: Yes No

Proof of Address: Yes No

Employment Details: Yes No

FATCA and CRS applicable: Yes No

World Check and Accuity: Yes No

Data Sharing Consent Form applicable Yes No

Foreigner Resident only:
Passport/Resident Occupational Permit Still Valid Yes No

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

Teller/CSR Name & ID: Signature:

Branch Manager/ Supervisor name & ID Signature:

* OIC Name and ID: Signature:

(applicable for Private Banking where amount is greater than Rs 100k)

Unit Seal

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? ⁽¹⁾		
c	Are you taxable in US? ⁽²⁾		
d	Were you born in US?		
e	Do you have a US passport? ⁽³⁾		
f	Is your country of residence US?		
g	Do you have a current US residence or mailing address? ⁽⁴⁾		
h	Do you have a current US landline phone number? ⁽⁵⁾		
i	Do you maintain an "in care of" or a "hold mail" US address? ⁽⁶⁾		
j	Have you lived or worked in US during the past 3 years? ⁽⁷⁾		
k	Do you have any income from US source? ⁽⁸⁾ (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? ⁽⁹⁾		
m	Have you granted signatory authority to a person with US address? ⁽¹⁰⁾		
n	Do you have 10% or more interest by vote or value in a US company? ⁽¹¹⁾		

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.

a	US Green Card No			
b	US Tax Identification Number (TIN)			
c	US Passport No			
d	US residence or mailing address			
e	US landline phone number			
f	US "in care of"/"hold mail" address			
g	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
h	Type of income			
i	Purpose/Type of transfer of fund			
j	Name/s and address/es of US Authorised Signatory			
k	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 <input type="checkbox"/> Non-Reportable <input type="checkbox"/>					
Processed by:	.....	Staff ID:	.....	Signature:	.....
Verified by:	.....	Staff ID:	.....	Signature:	.....

Unit Seal

DATA SHARING CONSENT FORM

1. Who we are?

SBM Bank (Mauritius) Limited ("**SBM**") is a bank duly licensed under the laws of Mauritius (business registration number C07002193) with its registered address at 1 Queen Elizabeth II Avenue, Port Louis, Republic of Mauritius and is registered as a data controller for the purposes of the Data Protection Act 2017.

2. Your Data and information

SBM is committed to keeping your personal data and information we hold on you confidential. By 'your data or information' we mean any information /data about you that you or third parties provide to us including but not limited to your financial information, information about your transactions, how you use the products and services of the SBM group.

We are collecting your personal data which is needed for us to comply with our legal and regulatory obligations. We will use your personal data to assess the suitability of a product for you or to fulfil the services you may require or market research purposes and, in the event we have your consent, to advertise and market products of the SBM group to you. The information we require from you is mandatory for you to provide and failure on your part to provide such information implies that we may not be able to process any application and/or provide any of our products and services to you.

3. Access to Personal Data and Correction of Personal Data

Access to Personal Data and Correction of Personal Data You may access your personal data by making a written request to dataprotection@sbmgroup.mu or to **Data Protection Officer, Corporate Office, SBM Tower, 1 Queen Elizabeth II Avenue, Port Louis, Republic of Mauritius**. You may also request us to rectify, restrict or erase any of your personal data which we will undertake to do as soon as practicable.

You have the right to object to the use of your personal data and you may request the destruction of your personal data. However, such objection and request to destroy your personal data implies that we will terminate the business relationship we have with you and we may only consider your request to destroy your personal data in light of any other laws or regulations prohibiting us from doing so.

4. Automated Decision Making/Profiling

We may have recourse to IT systems including but not limited to market research tools, credit scoring systems and profiling systems for marketing purposes in order to process and obtain automated decisions based on your personal information we hold. These automated systems facilitate the business relationship with you and may have an impact on the products and services we offer to you.

5. Direct Marketing

In case you consent to receive marketing materials from us, we and other members of the SBM group may use your information to inform you of our products and services which we believe may be of interest to you by letter, telephone, text (or similar) messages and electronic methods.

You may request us to stop sending you marketing materials by notifying us in writing on dataprotection@sbmgroup.mu or to **Data Protection Officer, Corporate Office, SBM Tower, 1 Queen Elizabeth II Avenue, Port Louis, Republic of Mauritius**.

6. Data Retention

We will retain your personal data for as long as required and permitted for legal, regulatory, fraud prevention and legitimate business purposes. Once the purpose for keeping your personal data has lapsed, we shall destroy such information as soon as reasonably practicable.

7. Disclosure of Personal Data

We are committed to protecting your personal data in accordance with the laws of Mauritius. By signing any of our forms, you are consenting to the disclosure of your personal data:

(a) to any other member of the SBM group and other parties which intervene in the process of the business relationship we have with you (e.g. correspondent banks, third party service providers, credit information bureau, payment agents);

(b) to subcontractors, suppliers or agents on the basis they keep the data confidential. We will ensure that such persons are under a duty to treat your information in the same manner as we do;

(c) to any person who may assume our rights;

(d) when required by law or regulation.

(collectively referred to as the "**Disclosure Purposes**").

We may transfer your personal data to another country for any of the Disclosure Purposes or your personal data may be stored outside Mauritius from time to time subject to such condition as may be imposed by law and subject to approval from any relevant regulator.

When we transfer your data to another country, we will ensure equivalent levels of protection for personal data are applied as we do. If this is not possible – for example because we are required by law to disclose information – we will ensure the sharing of that information is lawful. Also, if these countries do not have adequate levels of protections for personal data, we will put in place appropriate safeguards (such as contractual commitments), in accordance with applicable legal requirements, to ensure that your data is adequately protected.

8. Complaining to the Data Protection Office

You are entitled to lodge a complaint about the way your personal data is being processed and used with the Data Protection Office. For more information on your data privacy rights, please consult the website of the Data Protection Office at <http://dataprotection.govmu.org/>

You are hereby informed that while banking with us, you agree that your personal data will be processed by us or any party authorized to do so, on behalf of SBM Bank (Mauritius) Ltd.

Please tick accordingly

You consent to the sharing of your data with any members within the SBM group. Yes No

You consent to your personal data being used for marketing purposes which may include profiling for the purposes of direct marketing to inform you of our products and services which we believe may be of interest to you by letter, telephone, text (or similar) messages and electronic methods. Yes No

Name: Signature: Date: