

CHANGE REQUEST FOR EXISTING CUSTOMERS

To The Manager
SBM Bank (Mauritius) Ltd

For Office Use

Customer ID:.....

SR/Case No.:

Full name:

..... NIC:

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Kindly effect the following changes:

Change Details	From	To	Initials
Prefix/Title			
First Name			
Surname			
Maiden Name (where applicable)			
NIC or Passport No.	No.	No.	
	No.	No.	
	Expiry Date.	Expiry Date.	
Date of Birth (DD/MM/YYYY)			
Marital Status			
Mailing Address/Postal Address			
Permanent Address			
Occupation			
BRN (If Self Employed)			
Employers Name and address			
Monthly Salary (MUR)			
Expected Monthly Income (MUR)			
Other income (if applicable)			
Mobile Phone			
Home Phone			
Office Phone			
Email Address	Primary:	Primary:	
	Office:	Office:	
Nationality			
Gender			
Category (tick one box only)	<input type="checkbox"/> Mauritian Resident <input type="checkbox"/> Minor <input type="checkbox"/> Mauritian Non-Resident <input type="checkbox"/> Foreigner Resident <input type="checkbox"/> Foreigner Non-Resident	<input type="checkbox"/> Mauritian Resident <input type="checkbox"/> Minor <input type="checkbox"/> Mauritian Non-Resident <input type="checkbox"/> Foreigner Resident <input type="checkbox"/> Foreigner Non-Resident	



CHANGE REQUEST FOR EXISTING CUSTOMERS (Cont'd)

I hereby agree and consent that this document shall integrate all terms and conditions of the account registration forms and such other document(s) relating to my account(s) and shall collectively constitute as entire agreement to my account(s) and shall collectively constitute as entire agreement.

I acknowledge having been informed that an updated copy of the Terms and Conditions, may, at all times, be found on SBM's Website **www.sbmgroup.mu**

The terms and conditions of the present agreement shall be governed by the Laws of Mauritius and any dispute arising there out shall be subjected to the exclusive jurisdiction of the Courts of The Republic of Mauritius.

Customer Signature: _____

Date: _____

For office use only

Service Unit: _____



Officer Name and User ID: _____ Officer Signature: _____ Date: _____

Supervisor Name and User ID: _____ Supervisor Signature: _____ Date: _____