

## SELF-DECLARATION FORM FOR PERIODIC UPDATE OF KYC/CONFIRMATION OF CHANGE/NO CHANGE IN CUSTOMER INFORMATION

The Manager,  
SBM Bank (Mauritius) Ltd  
1 Queen Elizabeth II Avenue  
Port Louis,  
Republic of Mauritius

Dear Sir/Madam,

I understand that SBM Bank (Mauritius) Ltd (the "Bank") is required to reconfirm/update its customers' information & documentation as per banking laws and regulations.

I, the undersigned authorised holder, or the authorised signatory of account/s, hereby confirm the information below.

Confirmation of No Change/Change with respect to:	No Change	Change	Updated Data
Name (First Name)	<input type="checkbox"/>	<input type="checkbox"/>	
Surname (Last Name)	<input type="checkbox"/>	<input type="checkbox"/>	
Permanent Address	<input type="checkbox"/>	<input type="checkbox"/>	
Mailing Address	<input type="checkbox"/>	<input type="checkbox"/>	
Source of Income/Funds	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly Salary (Rs)	<input type="checkbox"/>	<input type="checkbox"/>	
Expected Monthly Income (Rs)	<input type="checkbox"/>	<input type="checkbox"/>	
Occupation	<input type="checkbox"/>	<input type="checkbox"/>	
Employer's Name & Address	<input type="checkbox"/>	<input type="checkbox"/>	
FATCA/CRS Status	<input type="checkbox"/>	<input type="checkbox"/>	
National Identity Card Number	<input type="checkbox"/>	<input type="checkbox"/>	
Passport Number	<input type="checkbox"/>	<input type="checkbox"/>	
Mobile Number	<input type="checkbox"/>	<input type="checkbox"/>	
Email Address	<input type="checkbox"/>	<input type="checkbox"/>	

**DECLARATION:**

I confirm that all the information provided above is true and accurate. I agree that it is my sole responsibility to inform forthwith the Bank, in writing, of any change/s in relation to the above information.

I consent to the processing of my personal data by the bank and sharing of my personal data with any member within the SBM Group or any party authorised to do so, on behalf of SBM Bank (Mauritius) Ltd. This may include transfer of my personal data to another country.

I hereby authorise the Bank to search and download from a regulated Central KYC database under any local law/regulation information & documentation relating to me.

I consent ☐ /do not consent ☐ (please tick as appropriate) to my personal data being used for marketing purposes which may include profiling for the purposes of direct marketing to inform me of products and services which the Bank believes may be of interest to me by letter, telephone, text (or similar) messages and electronic methods.

For more information on how we process your personal data, please refer to our website:

<https://banking.sbmgroup.mu/data-protection>

Authorised Signatory:

Name:

Date:

NIC:

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**SELF DECLARATION FORM- GUIDANCE NOTES:**

**In case of changes in the above, the below mentioned documents/evidence will have to be provided:**

- (a) **Address of the individual** - To provide updated certified and dated true copy of proof of address - less than 3 months (by way of Bank Statement, Utility Bills or any relevant document to substantiate the address)
- (b) **Source of Income/Funds** - To specify the new Source of Income
- (c) **Occupation** - State the new occupation
- (d) **Employer's Name & Address** - State the name/address of the new employer
- (e) **FATCA/CRS Status** - FATCA/CRS Form to be completed afresh in case of changes
- (f) **Expected Monthly Income/Turnover** - State the new Expected Monthly Income (EMI) routed to SBM Bank (Mauritius) Ltd
- (g) **For parties affixing thumb print** - a passport size photo must be submitted along with all required KYC documents.
- (h) **Passport/ National Identity Card** - To provide updated certified and dated true copy of renewed passport capturing the passport number/ National Identity Card capturing the NIC number.

**Documents certified and dated true copy of Originals policy:**

**For Mauritian Resident Citizens** - Documents should be certified as true copy by a Notary, Legal firm, Barrister, Attorney, Registered Accountant, a Senior Officer of an Embassy in the country of current Location, or a Senior Officer of an overseas banking entity within the SBM Group.

**For Non-Residents** - Certification by a Bank Manager where the person maintains his/her account (this should be evidenced by a bank statement or bank reference) may also be accepted. The certifier should add to the copy (by means of a stamp or otherwise) their name, address, and profession to aid tracing of the certifier if necessary.

**Absence of customer's response:**

We wish to draw your attention to the fact that in case of no response, the Bank reserves the right to take appropriate action to comply with regulatory requirements which may ultimately result in the termination of the banking relationship.

For any clarification related to this form, please call on **(+230) 207 0111 on weekdays from 9:00 a.m. to 8:00 p.m.**

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