BENEFICIAL OWNER DECLARATION FORM

Name of Legal Entity: .....

Registered Address: .....

Type of Legal Entity (please tick accordingly):

☐ Company ☐ GBC/Authorised Company ☐ Trust ☐ Foundation ☐ Other (Please specify) .....

The entity as stated above hereby confirms and declares that on the below date (Please tick the correct option - Option 3 is applicable only for Company)

1. ☐ The following natural person(s) (listed in Table below) exercise control or ultimatey have a controlling ownership interest,
i.e having ownership/entitlement of more than 20% (in case of Company) or
more than 10% (in case of Partnership/Limited Liability Partnership) or
more than 15% (in case of Association/Societé) or
more than 10 % (in case of Trust) of capital/profits/property or controlling through voting rights, agreements, arrangements, etc,..

2. ☐ There are no natural person(s) who exercise control or ultimately have a controlling interest as stated above, therefore details of:

☐ All partner(s) (for partnership)/trustees (for trust)/senior managing official (for unincorporated bodies) who are natural person(s) as stated in the below table.

☐ Natural person(s) holding the position of directors/senior management in the Company are given in the below table.

S/N	Full Name of Beneficial Owner	Date of Birth	Nationality	Residential Address	Controlling Ownership Interest (%) (If applicable)
1					
2					
3					
4					
5					
6					
7					
8					

3. ☐ The Company is listed on ..... (Name of the Stock Exchange)
or is a majorly owned subsidiary of ..... (Name of the Listed Company)
listed on ..... (Name of the Stock Exchange)
in ..... (Name of Jurisdiction)

The Entity undertakes that the facts above are true and correct. The Entity also undertakes and agrees that it will notify SBM Bank (Mauritius) Ltd without delay of any changes in the controlling persons / shareholders, person exercising control or having controlling ownership interest in the Company / Partnership / Limited Liability Partnership as declared in the table above.

For and on behalf of Entity: .....

Signature of Declarant: .....

Full Name of Declarant: .....

Designation / Position: .....

Date: .....

Company Seal (If Applicable)