# Centralised KYC (CKYC) - Customer Consent Form

## Non-Individual Customers (Including Directors, Shareholders, Beneficial Owners & Authorised Signatories)

| | | | |
|---|---|---|---|
| CIF | | Certificate of Incorporation / Licence No. | |
| Legal Name of Entity | | | |
| Represented By | | | |
| Residential Address | | | |
| Registered Office Address | | | |

Company Seal
(If Applicable)

This form records your consent or refusal to the Bank accessing your information from the Central KYC (CKYC) system and to the processing of your personal data for regulatory, operational and, where applicable, marketing purposes.

This Customer Consent Form shall be read in conjunction with the Bank's Application Form, the applicable Terms and Conditions, Data Protection Notice and any other documents forming part of the account opening and customer onboarding process. Collectively, these documents shall constitute a legally binding agreement between SBM Bank (Mauritius) Ltd ("SBM", the "Bank", "we", "us" or "our") and the customer ("client", "customer", "applicant", "account holder" or "you"), and shall govern the establishment, operation and maintenance of the banking relationship, together with the respective rights, obligations and responsibilities of the parties.

You hereby give your full consent and authorization to SBM Bank (Mauritius) Ltd (the "Bank"), in accordance with applicable laws, regulations, its internal policies and Bank of Mauritius requirements, to access, retrieve, verify, process and, where necessary, download your information and KYC (Know-Your-Customer) documents and information relating to the entity, its directors, authorised signatories, and beneficial owners from any regulated Central KYC system (CKYC) database for the purposes of customer identification, account opening, customer due diligence, ongoing review and compliance with applicable Anti-Money Laundering, Combating the Financing of Terrorism and Proliferation Financing requirements. You further undertake to promptly notify the Bank of any material change to the KYC information provided and acknowledge that failure to do so may result in regulatory or account related restrictions, in line with applicable requirements.

**Consent to Access and Use Information from a Central KYC (CKYC) Database**

☐ I hereby authorize ☐ I do not authorize *(Please tick the appropriate box.)*

You acknowledge that, in accordance with applicable laws and regulatory requirements, the Bank is required to submit certain account-related information pertaining to me/us to the Central Accounts Registry established by the Bank of Mauritius. We understand that such information shall exclude the balance of the account or the amount held therein and that such submission is a legal obligation of the Bank notwithstanding any duty of confidentiality.

☐ You consent to the processing, use, storage and sharing of your personal data with entities within the SBM Group and third parties acting on behalf of the Bank, including cross-border transfers where applicable. You further understand that your information may be shared with **regulatory, supervisory, or law enforcement authorities** where required by law.

You acknowledge that the Bank shall process, store and share your personal data strictly in accordance with the Mauritian Data Protection Act 2017, the Bank's internal policies and any applicable national or international data protection regulations. The Bank shall not be liable for any disclosure or processing required under applicable law, regulation, court order or pursuant to any international obligation binding upon the Bank.

You acknowledge that withdrawal of this consent may impact the Bank's ability to provide certain products or services or comply with regulatory obligations.

You [tick as appropriate]: ☐ Consent ☐ Do not consent to the use of your personal data for marketing and direct communication purposes.

For further information, you may refer to the Data Protection section available on the Bank's website: https://banking.sbmgroup.mu/data-protection

**Execution and Authorisation**

This consent is executed on behalf of the above named entity by the undersigned, who confirms that they are duly authorised to provide this consent and bind the entity in accordance with its constitutional documents, board resolution, or applicable mandate.

**For and on behalf of the Entity:**

Authorised Signatory Name: ..... Designation / Capacity: ..... Signature: ..... Date: .....
(dd/mm/yyyy)

**For Office Use Only**

| | | | | | |
|---|---|---|---|---|---|
| CRM CIF: | | | Finacle CIF: | | |
| Date Received : (dd/mm/yyyy) | | Received by: (dd/mm/yyyy) | | Employee ID: | |
| Customer Signature | | | | | |
| Verified (Y/N): | ☐ Y ☐ N | Last Review Date: (dd/mm/yyyy) | | Next Review Date: (dd/mm/yyyy) | |
| Mode of Instruction received: | ☐ Either: Dispatch | ☐ Or: Email sent by client | | ☐ Or: Email sent by 3rd party & client under copy | |
| If sent via email, please check if: | Email (as per system) ☐ Y ☐ N | Fax Disclaimer Held ☐ Y ☐ N | | Letter of Secretary held and client's email as per system ☐ Y ☐ N | |
| Remarks: | | | | | |
| CSR/SO Name: | | | Supervisor Name: | | |
| User ID | | | User ID | | |
| Signature | | | Signature | | |
| Date (dd/mm/yyyy): | | | Date (dd/mm/yyyy): | | |

Unit Seal