APPLICATION FORM FOR NEW ACCOUNT - INDIVIDUAL CUSTOMERS

Instructions for filling the form:
- All fields are mandatory
- Mention N/A whenever notapplicable

FOR BANK USE ONLY

Account Open Date: ...../...../.....

Account Number(s): .....
.....
.....

☐ Premier Banking ☐ Private Banking

Enrol No: .....

International Bank Account Number (IBAN): .....

Customer 1	Customer 2
Customer 1:	Customer 2: .....
CRM CIF:	CRM CIF: .....
Finacle CIF:	Finacle CIF: .....
Risk Level on Dokstor ☐ Low ☐ Medium ☐ High	Risk Level on Dokstor ☐ Low ☐ Medium ☐ High

Purpose of the Transaction at time of Onboarding: .....

Category

Customer 1				Customer 2			
☐ Mauritian Resident	☐ Foreigner Resident	☐ Mauritian Non-Resident	☐ Foreigner Non-Resident	☐ Mauritian Resident	☐ Foreigner Resident	☐ Mauritian Non-Resident	☐ Foreigner Non-Resident
Politically Exposed Person (Local/Foreign PEP) ☐ Yes ☐ No				Politically Exposed Person (Local/Foreign PEP) ☐ Yes ☐ No			

Type of Account

☐ Savings Account	☐ Senior Citizen Account	☐ Succession Account	☐ FCY Account	☐ Currency
☐ All-In-One Account	☐ Current Account	☐ Other (Please specify):		

Mode of Account Opening: ☐ Face-to-Face ☐ Non Face-to-Face

Purpose of Account Opening: ☐ Savings ☐ Salary Credit ☐ Investment ☐ Credit Facilities ☐ Pension Other (Please specify) : .....

MODE OF OPERATIONS

To tick only 1 checkbox or specify under 'Others'

- ☐ Single
- ☐ Either/Or
- ☐ Jointly
- ☐ Operated by any one signatory (If more than 2 persons).....
  .....
  .....
- ☐ Operated by Proxy / Related Party / Authorised Signatory.....
  .....
  .....
- ☐ Others
  Please specify: .....

Frequency To Use The Account

☐ Daily	☐ Weekly	☐ Fortnight	☐ Monthly	☐ Quarterly	☐ Half-Yearly	☐ Yearly

SBM BANK (MAURITIUS) LTD
Corporate Office, SBM Tower, 1,
Queen Elizabeth II Avenue, Port Louis,
Republic of Mauritius

T: (230) 202 1111 F: (230) 202 1234 Swift: STCBMUMU E: sbm@sbmgroup.mu w: www.sbmgroup.mu BRN: C07002193

PART A – CUSTOMER INFORMATION

Customer 1	Customer 2
Title: ☐ Mr ☐ Miss ☐ Mrs ☐ Others	Title: ☐ Mr ☐ Miss ☐ Mrs ☐ Others
First Name:	First Name: .....
Last Name:	Last Name: .....
Maiden Name (if applicable):	Maiden Name (if applicable): .....
Nationality:	Nationality: .....
Place of Birth:	Place of Birth: .....
Country of Origin:	Country of Origin: .....
NIC No. (Mauritian):	NIC No. (Mauritian): .....
Passport No. (Foreigner):	Passport No. (Foreigner): .....
Passport Expiry Date: ...../...../.....	Passport Expiry Date: ...../...../.....
Marital status:	Marital status:
☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other	☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other
Number of Dependents:	Number of Dependents: .....
Spouse Details	**Spouse Details**
Name:	Name: .....
Nationality:	Nationality: .....
Profession:	Profession: .....
Occupation (Current):	Occupation (Current): .....
Employer Name:	Employer Name: .....
Business Sector:	Business Sector: .....
Note: This section to be filled by Foreigner Resident	**Note: This section to be filled by Foreigner Resident**
Work Permit Expiry Date: ...../...../.....	Work Permit Expiry Date: ...../...../.....
Residence Permit Expiry Date: ...../...../.....	Residence Permit Expiry Date: ...../...../.....
Occupational Permit Expiry Date: ...../...../.....	Occupational Permit Expiry Date: ...../...../.....
Premium Visa: ☐ Yes ☐ No	**Premium Visa:** ☐ Yes ☐ No
CONTACT DETAILS	**CONTACT DETAILS**
Mobile N°:	Mobile N°: .....
Office Phone N°:	Office Phone N°: .....
Residential Phone Number:	Residential Phone Number: .....
Primary Email Address:	Primary Email Address: .....
Office Email Address:	Office Email Address: .....

PART A – CUSTOMER INFORMATION

Customer 1

PERMANENT RESIDENTIAL ADDRESS

Type of Home Onwership

☐ Own Property ☐ Rent Property

☐ Live with Parents ☐ Others (Please specify): .....

Utility In Own Name ☐ Yes ☐ No

if no, please specify relationship: .....

Street Name: .....

City: .....

Zip Code: .....

Country: .....

MAILING ADDRESS (POSTAL)

☐ As Above ☐ If different, as per below

Street Name: .....

City: .....

Zip Code: .....

Country: .....

CURRENT ADDRESS

☐ Same As Permanent Residential Address

☐ If different, as per below

Street Name: .....

City: .....

Zip Code: .....

Country: .....

Employment Status:

☐ Employed ☐ Retired ☐ Self Employed

☐ Housewife ☐ Unemployed ☐ Others (Please specify): .....

Current Occupation: .....

Employer Name: .....

Employer Business Address: .....

Business Sector: .....

Current Monthly Salary or Income: .....

Any Other Income: .....

Source of Other Income: .....

Industry-Driven Revenue: .....

Country/ies of Origin of Funds: .....

Country/ies Destination of Funds: .....

Customer 2

PERMANENT RESIDENTIAL ADDRESS

Type of Home Onwership

☐ Own Property ☐ Rent Property

☐ Live with Parents ☐ Others (Please specify): .....

Utility In Own Name ☐ Yes ☐ No

if no, please specify relationship: .....

Street Name: .....

City: .....

Zip Code: .....

Country: .....

MAILING ADDRESS (POSTAL)

☐ As Above ☐ If different, as per below

Street Name: .....

City: .....

Zip Code: .....

Country: .....

CURRENT ADDRESS

☐ Same As Permanent Residential Address

☐ If different, as per below

Street Name: .....

City: .....

Zip Code: .....

Country: .....

Employment Status:

☐ Employed ☐ Retired ☐ Self Employed

☐ Housewife ☐ Unemployed ☐ Others (Please specify): .....

Current Occupation: .....

Employer Name: .....

Employer Business Address: .....

Business Sector: .....

Current Monthly Salary or Income: .....

Any Other Income: .....

Source of Other Income: .....

Industry-Driven Revenue: .....

Country/ies of Origin of Funds: .....

Country/ies Destination of Funds: .....

PART B – CUSTOMER INFORMATION

CUSTOMER 1	CUSTOMER 2

DECLARATION OF FUNDS

Initial Deposit:	Initial Deposit: .....
Source of Funds:	Source of Funds: .....
Expected Monthly Flow of Income:	Expected Monthly Flow of Income: .....
Source of Expected Monthly Inflow:	Source of Expected Monthly Inflow: .....
Net Worth:	Net Worth: .....
Source of Wealth:	Source of Wealth: .....

PREFERRED COMMUNICATION METHOD
(including marketing materials, products & services related to the Bank)

☐ Emails ☐ Correspondence ☐ Phone	☐ Emails ☐ Correspondence ☐ Phone

BANKING RELATIONSHIP

OCI Cardholder

OCI Card No.: ..... ☐ Yes ☐ No

Local

Do you hold a Bank Account with any other Local Bank?

Please specify: .....

Length of relationship with other Local Banks: .....

☐ Yes ☐ No

Foreign

Do you hold a Bank Account with a Foreign Bank?

Please specify: .....

Length of relationship with Foreign Banks: .....

Authorisation letter for Bank reference

I authorise SBM Bank (Mauritius) Ltd to request a bank reference from my bank or financial Institution.

Name of bank/Financial Institution.

.....

Address of my bank/Financial Institution

.....

Account Numbers: .....

Swift Code: .....

OCI Cardholder

OCI Card No.: ..... ☐ Yes ☐ No

Local

Do you hold a Bank Account with any other Local Bank?

Please specify: .....

Length of relationship with other Local Banks: .....

☐ Yes ☐ No

Foreign

Do you hold a Bank Account with a Foreign Bank?

Please specify: .....

Length of relationship with Foreign Banks: .....

Authorisation letter for Bank reference

I authorise SBM Bank (Mauritius) Ltd to request a bank reference from my bank or financial Institution.

Name of bank/Financial Institution.

.....

Address of my bank/Financial Institution

.....

Account Numbers: .....

Swift Code: .....

OWNERSHIP OF FUNDS (To tick / select only 1 option)

Funds in the account are owned by and belong to:

☐ Upon death of either, amount accrues to survivor(s)	☐ Fund accrues and is owned by all owners on account
☐ Fund accrues and is owned by:	

Notes:
- In case of succession, funds always belong to all of the heirs on the account.
- For single accounts, funds always belong to all of the heirs of the deceased account holder.

Monthly Service Fee

To ensure an exclusive service level, a monthly service fee will be applied to all newly onboarded Private & Premier Banking clients.

The service fee in Mauritian rupees or foreign currency will be automatically debited from your account on the last day of each month. To prevent any disruption to your services or additional charges, we kindly ask that you maintain sufficient funds in the designated account.

If there are insufficient funds or the account is inactive, in line with our **terms and conditions available on** "https://www.sbmgroup.mu/documents/terms-and-conditions-account-opening-and-operations", we may debit the service fee from any other account you hold with us.

If you have any questions or need further assistance, your Private/Premier Banker is always available to help and provide clarification.

I /We agree that the monthly service fee will be automatically deducted as per the SBM Tariff guide from my / our account number ..... or from my / our other SBM account(s) in case of insufficient funds or inactive accounts.

SBM

ENHANCED DUE DILIGENCE - SOURCE OF WEALTH DECLARATION FORM

Customer 1	Customer 2
Name:	Name: .....
Please tick the appropriate box (☐) and provide the corresponding required documentation as detailed in Glossary section below	
☐ Inheritance or Divorce Settlement (1)	☐ Inheritance or Divorce Settlement (1)
☐ Company Ownership and Sale of Company or Assets (2)	☐ Company Ownership and Sale of Company or Assets (2)
☐ Company Ownership and Profits (3)	☐ Company Ownership and Profits (3)
☐ Income from Profession/Employment (4)	☐ Income from Profession/Employment (4)
☐ Sale of Shares (5)	☐ Sale of Shares (5)
☐ Investments or Savings (6)	☐ Investments or Savings (6)
☐ Property Sale (7)	☐ Property Sale (7)
☐ Gift (8)	☐ Gift (8)
☐ National Lotteries (9)	☐ National Lotteries (9)
☐ Compensation Payment (10)	☐ Compensation Payment (10)
☐ Individual Owns the Proceeds of an Investment and the Company Funds the Investment, i.e., EBT's (11)	☐ Individual Owns the Proceeds of an Investment and the Company Funds the Investment, i.e., EBT's (11)
☐ Other Income (12)	☐ Other Income (12)

Net Worth

Customer 1			Customer 2		
Category	**Description**	**Estimated Value (MUR)**	**Category**	**Description**	**Estimated Value (MUR)**
Assets			**Assets**		
Cash & Bank Balances (13)			Cash & Bank Balances (13)		
Fixed Deposits (14)			Fixed Deposits (14)		
Investments (15)			Investments (15)		
Real Estate (16)			Real Estate (16)		
Vehicles (17)			Vehicles (17)		
Business Interests (18)			Business Interests (18)		
Retirement Funds (19)			Retirement Funds (19)		
Other Assets (20)			Other Assets (20)		
Total Assets			**Total Assets**		
Liability			**Liability**		
Mortgages (21)			Mortgages (21)		
Personal Loans (22)			Personal Loans (22)		
Credit Card Debt (23)			Credit Card Debt (23)		
Business Loans (24)			Business Loans (24)		
Other Liabilities (25)			Other Liabilities (25)		
Total Liabilities			Total Liabilities		
Net Worth Calculation (Total Assets - Total Liabilities)			**Net Worth Calculation (Total Assets - Total Liabilities)**		

DECLARATION BY SIGNATORIES

Customer 1	Customer 2
I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.	I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.
Name: ..... Signature: ..... Capacity: ..... Date: ...../...../.....	Name: ..... Signature: ..... Capacity: ..... Date: ...../...../.....

Glossary:	
1	Grant of probate, copy of the will with details of the estate inherited; or Signed letter from solicitor or notary providing full details of settlement ; or Bank statements: only if it clearly shows client's full name, address and shows the origin of the funds.
2	Signed letter from solicitor or Notary; or Signed letter from regulated accountant; or Copy of contract of sale and sight of investment monies on bank statement
3	Copy of audited accounts; or Signed letter from regulated accountant detailing profits
4	CV with employment history including details of firms and positions held; and Recent Tax Returns/Written Evidence of tax paid on income from a revenue authority or payslip for last 3 months or bank statement showing salary level for last 3 months.
5	Certificates, contract notes or statements in your name demonstrating the sale or letter from Custodian or broker
6	Certificates, contract notes or statements in your name; or Confirmation from the relevant investment company; or Bank statement showing receipt of funds from the investment
7	Complete sales contract; or Signed letter from solicitor/Notary; or Signed letter from real-estate agent
8	Legal documentation evidencing gift where possible; or letter from the Donor Written consent from you to confirm details of the gift with the benefactor
9	Letter from relevant organisation (lottery headquarters); or Bank statement showing funds deposited by the lottery company name
10	Letter from compensating body; or Court documents setting out details of the claim; or Signed letter from solicitor
11	Letter from external lawyers setting up the investment and any legal documents, i.e., trust board of resolutions or letters of authority governing the relationship
12	Appropriate supporting documentation; or Signed letter detailing funds from an accountant
13	Savings, current accounts
14	Term deposits
15	Shares, bonds, mutual funds
16	Residential, commercial property
17	Cars, boats, etc
18	Equity in private companies
19	Pension, provident fund
20	Art, collectibles, etc.
21	Home loans
22	Bank or private loans
23	Outstanding balances
24	Corporate borrowings
25	Any other obligations

CUSTOMER 1

Please select your favorite hobbies. Tick up to 3 boxes.						
Gym	Tennis	Football	Swimming	Cycling	Fishing	Theatrical shows
Gastronomy	Literature	Horse Racing	Golf	Painting	Music	Other: .....

CUSTOMER 2

Please select your favorite hobbies. Tick up to 3 boxes.						
Gym	Tennis	Football	Swimming	Cycling	Fishing	Theatrical shows
Gastronomy	Literature	Horse Racing	Golf	Painting	Music	Other: .....

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) - CUSTOMER 1

Please tick as appropriate. In case you have answered "Yes", please complete **Section A** (on right side). Write N/A where not applicable		Yes	No	Section A
a	Are you a US citizen?	☐	☐	
b	Do you have a US Green Card?	☐	☐	US Green Card No.: .....
c	Are you taxable in US?	☐	☐	US TIN: .....
d	Were you born in US?	☐	☐	
e	Do you have a US passport?	☐	☐	US Passport No.: .....
f	Is your country of residence US?	☐	☐	
g	Do you have a current US residence or mailing address?	☐	☐	US Residence or Mailing Address: .....
h	Do you have a current US landline phone number?	☐	☐	US Landline Phone Number: .....
i	Do you maintain an "in care of" or a "hold mail" US address?	☐	☐	"in care of" or a "hold mail" US address: .....
j	Have you lived or worked in US during the past 3 years?	☐	☐	From: .....To: .....
		☐	☐	Stay Purpose: .....
		☐	☐	From: .....To: .....
		☐	☐	Stay Purpose: .....
k	Do you have any income from US source? (8) (See Note A)	☐	☐	Type of Income: .....
l	Do you have standing instructions to transfer funds to an account maintained in the US, or instructions regularly received from a US address?	☐	☐	Purpose/Type of transfer of fund: .....
m	Have you granted signatory authority to a person with US address?	☐	☐	Name of Authorised Signatory: ..... Address of Authorised Signatory: .....
n	Do you have 10% or more interest by vote or value in a US company?	☐	☐	Name of US Company: .....

Customer: I am ☐ /am not ☐ a US citizen or US resident or taxable under the US laws.

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.

COMMON REPORTING STANDARDS (CRS) - CUSTOMER 1

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 of 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)

Country of Residence for Tax	TAN/TIN	If no TIN is available, enter Reason A, B or C	If Reason B is selected, explain why the Account Holder is unable to obtain a TIN

Declaration and Signature

I confirm that all the information provided above is true and correct.
I understand that 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.

Name: ..... Signature: ..... Date: ...../...../.....

Note: If you are filing the form of 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 ☐ Non-Reportable

CRS Classification: Customer is ☐ Reportable ☐ Non-Reportable

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) - CUSTOMER 2

	Please tick as appropriate. In case you have answered "Yes", please complete **Section A** (on right side). Write N/A where not applicable	Yes	No	Section A
a	Are you a US citizen?	☐	☐	
b	Do you have a US Green Card?	☐	☐	US Green Card No.: .....
c	Are you taxable in US?	☐	☐	US TIN: .....
d	Were you born in US?	☐	☐	
e	Do you have a US passport?	☐	☐	US Passport No.: .....
f	Is your country of residence US?	☐	☐	
g	Do you have a current US residence or mailing address?	☐	☐	US Residence or Mailing Address: .....
h	Do you have a current US landline phone number?	☐	☐	US Landline Phone Number: .....
i	Do you maintain an "in care of" or a "hold mail" US address?	☐	☐	"in care of" or a "hold mail" US address: .....
j	Have you lived or worked in US during the past 3 years?	☐	☐	From: .....To: .....
		☐	☐	Stay Purpose: .....
		☐	☐	From: .....To: .....
		☐	☐	Stay Purpose: .....
k	Do you have any income from US source? (8) (See Note A)	☐	☐	Type of Income: .....
l	Do you have standing instructions to transfer funds to an account maintained in the US, or instructions regularly received from a US address?	☐	☐	Purpose/Type of transfer of fund: .....
m	Have you granted signatory authority to a person with US address?	☐	☐	Name of Authorised Signatory: ..... Address of Authorised Signatory: .....
n	Do you have 10% or more interest by vote or value in a US company?	☐	☐	Name of US Company: .....

Customer: I am ☐ /am not ☐ a US citizen or US resident or taxable under the US laws.

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.

COMMON REPORTING STANDARDS (CRS) - CUSTOMER 2

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 of 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)

Country of Residence for Tax	TAN/TIN	If no TIN is available, enter Reason A, B or C	If Reason B is selected, explain why the Account Holder is unable to obtain a TIN

Declaration and Signature

I confirm that all the information provided above is true and correct.

I understand that 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.

Name: ..... Signature: ..... Date: ...../...../.....

Note: If you are filing the form of 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 ☐ Non-Reportable

CRS Classification: Customer is ☐ Reportable ☐ Non-Reportable

SIGNATURE DATA SHEET

Customer to sign within space allocated in the table below.

Customer 1	Customer 2
Signature Specimen	Signature Specimen
Name:	Name:
NIC/Passport No.:	NIC/Passport No.:

FOR OFFICE USE

CRM CIF: Finacle CIF:	CRM CIF: Finacle CIF:
Account No.:	Date Account Opened: ...../...../.....
Modes of operation:	Ownership of Funds:

Either: Sign in the presence of Staff at: ..... On ...../...../.....

Staff Name:	Staff ID:	Signature:
Or: Video call effected on *Note: Screenshot video call to be secured*	(Date) at ...../...../.....	(Time) by 2 Bank Officers
Staff Name:	Staff ID:	Signature:
Staff Name:	Staff ID:	Signature:

Service Officer

Name:	User ID:	Signature:	Date: ...../...../.....

Supervisor:

Name:	User ID:	Signature:	Date: ...../...../.....

Bank Seal

PREFERRED SBM PRODUCTS/SERVICES

Customer 1				Customer 2			
	E-Statement		SMS Alert Service		E-Statement		SMS Alert Service
	Debit Card		SMS Top Up Registration		Debit Card		SMS Top Up Registration
	Prepaid Card		Internet Banking		Prepaid Card		Internet Banking
	Cheque Book		SBM TAG		Cheque Book		SBM TAG
	SMS Banking				SMS Banking		

Embossing Name: .....

Notes: Applicable for Debit & FCY Prepaid Cards. Special characters are not allowed. Maximum 20 characters.

Embossing Name: .....

Notes: Applicable for Debit & FCY Prepaid Cards. Special characters are not allowed. Maximum 20 characters.

DEBIT CARD

Type of Debit Card:
- ☐ Instant Debit Card (Unembossed)
- ☐ Personalised Debit Card

Default Account Number:
.....

eCommerce Activation
☐ Yes ☐ No

Card Flavor:
- ☐ Visa Classic
- ☐ Visa Platinum
- ☐ MasterCard Platinum
- ☐ UPI

Card Collection Unit:
.....

PIN Collection Option:
☐ E-Channel ☐ Post ☐ Service Unit

Type of Debit Card:
- ☐ Instant Debit Card (Unembossed)
- ☐ Personalised Debit Card

Default Account Number:
.....

eCommerce Activation
☐ Yes ☐ No

Card Flavor:
- ☐ Visa Classic
- ☐ Visa Platinum
- ☐ MasterCard Platinum
- ☐ UPI

Card Collection Unit:
.....

PIN Collection Option:
☐ E-Channel ☐ Post ☐ Service Unit

PREPAID CARD

Type of Prepaid Card:
MUR

Card No.: .....

Card Expiry Date: .....

Loading Amount: .....

(***Note:*** *Minimum loading equivalent to MUR 1000)*

FYC
- ☐ AUD
- ☐ EUR
- ☐ GBP
- ☐ USD
- ☐ RMB

Purpose of requesting FCY Prepaid Card:
.....

Embossing Name: .....

Card Collection: .....

PIN Options:
Either: Branch: .....
Or: Post Or: E-Channel

Charge Account Joining Fees
☐ Yes ☐ No

Type of Prepaid Card:
MUR

Card No.: .....

Card Expiry Date: .....

Loading Amount: .....

(***Note:*** *Minimum loading equivalent to MUR 1000)*

FYC
- ☐ AUD
- ☐ EUR
- ☐ GBP
- ☐ USD
- ☐ RMB

Purpose of requesting FCY Prepaid Card:
.....

Embossing Name: .....

Card Collection: .....

PIN Options:
Either: Branch: .....
Or: Post Or: E-Channel

Charge Account Joining Fees
☐ Yes ☐ No

SMS BANKING

Kindly select mobile operator for SMS Banking
- ☐ My.T
- ☐ Emtel

Mobile Number to be used for SMS Banking:
.....

Default Account Number:
.....

Kindly select mobile operator for SMS Banking
- ☐ My.T
- ☐ Emtel

Mobile Number to be used for SMS Banking:
.....

Default Account Number:
.....

SMS ALERT SUBSCRIPTION

Kindly select mobile operator for SMS Banking
☐ My.T ☐ Emtel ☐ MTML

Mobile Number to be used for SMS Banking: .....

Kindly select mobile operator for SMS Banking
☐ My.T ☐ Emtel ☐ MTML

Mobile Number to be used for SMS Banking: .....

SMS TOP UP SERVICE

Card Number: ..... Card Expiry Date: .....

Kindly select mobile operator for SMS Banking
☐ My.T ☐ Emtel ☐ MTML

Phone Number (Prepaid) to be used for SMS Top Up Service: .....
Please specify up to 5 other prepaid mobile numbers of the same mobile operator nominated above, which you may TopUp:

1. ..... 2. ..... 3. .....
4. ..... 5. .....

Select a default TopUp amount

My.T (VAT Incl.)	Emtel (VAT Incl.)	MTML (VAT Excl.)
☐ Rs 50	☐ Rs 50	☐ Rs 25
☐ Rs 100	☐ Rs 125	☐ Rs 50
☐ Rs 300	☐ Rs 225	☐ Rs 100
	☐ Rs 475	☐ Rs 300
	☐ Rs 1000	

Card Number: ..... Card Expiry Date: .....

Kindly select mobile operator for SMS Banking
☐ My.T ☐ Emtel ☐ MTML

Phone Number (Prepaid) to be used for SMS Top Up Service: .....
Please specify up to 5 other prepaid mobile numbers of the same mobile operator nominated above, which you may TopUp:

1. ..... 2. ..... 3. .....
4. ..... 5. .....

Select a default TopUp amount

My.T (VAT Incl.)	Emtel (VAT Incl.)	MTML (VAT Excl.)
☐ Rs 50	☐ Rs 50	☐ Rs 25
☐ Rs 100	☐ Rs 125	☐ Rs 50
☐ Rs 300	☐ Rs 225	☐ Rs 100
	☐ Rs 475	☐ Rs 300
	☐ Rs 1000	

PREFERRED SBM PRODUCTS/SERVICES

Customer 1	Customer 2
INTERNET BANKING SERVICE	
Transaction Type: ☐ View Only or View and Transact Please note that by default you will able to access all your accounts held with us. In case there are some accounts that you do not wish to access through Internet Banking Service, please list them below: 1. ..... 2. ..... 3. ..... 4. ..... 5. ..... ☐ I wish to collect the PIN mailer at ..... Service unit or ☐ I wish to receive the PIN mailer through registered post or ☐ I wish to activate Internet Banking via Online IB platform. ***Notes:*** *Transaction option is disabled for dormant account and joint account (if operated jointly).* *Transaction option for proxy, legal guardian and succession account depends on the resolution provided to the Bank.* *In case customer opts to activate IB password online using "Forgot Password" on IB platform, no PIN mailer will be sent to the latter.*	Transaction Type: ☐ View Only or View and Transact Please note that by default you will able to access all your accounts held with us. In case there are some accounts that you do not wish to access through Internet Banking Service, please list them below: 1. ..... 2. ..... 3. ..... 4. ..... 5. ..... ☐ I wish to collect the PIN mailer at ..... Service unit or ☐ I wish to receive the PIN mailer through registered post or ☐ I wish to activate Internet Banking via Online IB platform. ***Notes:*** *Transaction option is disabled for dormant account and joint account (if operated jointly).* *Transaction option for proxy, legal guardian and succession account depends on the resolution provided to the Bank.* *In case customer opts to activate IB password online using "Forgot Password" on IB platform, no PIN mailer will be sent to the latter.*
CHEQUE BOOK	
Please issue one cheque book containing 25 order cheques upon opening of checking account number ..... For my use and oblige Not to print my/our address on the cheques	Please issue one cheque book containing 25 order cheques upon opening of checking account number ..... For my use and oblige Not to print my/our address on the cheques

CUSTOMER DECLARATION AND AUTHORISATION
(Applicable to Account Opening, Operations, and Products & Services)

Customer 1

To: SBM Bank (Mauritius) Ltd (hereinafter referred to as the "Bank" or "SBM")

I, the undersigned (hereinafter referred to as "I", "Me" or "My"), hereby confirm and declare that:

1. Accuracy of Information & Ongoing Disclosure

1.1. All information provided to the Bank is true, accurate, complete, and up to date to the best of my knowledge.

1.2. I undertake within 14 business days to inform the Bank in writing of any change(s) to the information provided, including, but not limited to, changes in beneficial ownership, directorship, shareholding, and authorised signatories.

2. Authorisations & Enquiries

☐ 2.1. I hereby authorise the Bank to access, retrieve, and download my information and documents from a regulated Central KYC database as permitted under any applicable law or regulation.

2.2. I further authorise the Bank to conduct independent verification and background checks on any shareholders, directors, beneficial owners, or authorised signatories in accordance with the Bank's internal policies and procedures, including but not limited to obtaining reference(s) from other financial institutions with which I/we maintain a relationship.

☐ 2.3. I authorise the Bank to search, extract and/or download KYC documents relating to me to / from a regulated Central KYC System (CKYC) for the purpose of account opening and/or customer review exercise and/or meeting the requirements of the Bank of Mauritius Guideline on Anti-Money Laundering (AML) / Combating the Financing of Terrorism (CFT) / Proliferation Financing (P).

2.4: I 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. I 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.

3. Know Your Customer (KYC) Compliance

3.1. I acknowledge that the Bank will only proceed with account opening, maintenance, or closure of accounts, as well as with the rental of safe deposit boxes, where it is satisfied that the true identity of the applicant/customer has been verified in accordance with the Banking Act 2004 and all applicable Anti-Money Laundering and Combating the Financing of Terrorism laws and regulations.

3.2. I acknowledge that the Bank may at any time and at its sole discretion, request additional documents or information to comply with applicable laws and regulations, including but not limited to domestic and international sanction laws. I undertake to provide such documents or information promptly and within fourteen (14) business days from the date of the Bank's request.

3.3. I confirm that my specimen signature, provided on Page 8, is for the purpose of electronic capture and authentication by the Bank, in line with my identity documents and KYC documentation submitted Account Operation for Legal Entities.

4. Account Operation for Legal Entities

4.1. I acknowledge that for account opening and operations concerning natural persons or legal arrangements, updated KYC documentation is required. Such accounts shall be managed solely by the authorised signatory(ies) designated in the entity's Board Resolution or Minutes of Proceedings.

4.2. I acknowledge that any changes in mandate shall only take effect once the Bank has duly been notified.

5. Modes of Communication & Instruction

5.1. I hereby consent to the Bank acting on instructions received via telephone, fax, telex, email, or any other form of electronic or telecommunication methods. For fax disclaimers, I acknowledge and agree to consult the Bank's website **(https://www.sbmgroup.mu/documents/verbal-fax-disclaimer-form)** for more details.

5.2. I authorise the Bank to perform call-back procedures to confirm instructions (including for fund transfers or foreign exchange transactions) and to confirm and agree upon exchange rates for cross-currency operations.

5.3. I acknowledge that the Bank shall not be liable for any losses, damages, costs or claims arising directly or indirectly from forged/fraudulent or unauthorized instructions, provided that the Bank has acted in accordance with its verification procedures and internal controls, whether or not such procedures were sufficient to detect the forgery or fraud.

6. Statements, Advices & Correspondence

6.1. I authorise the Bank to send account statements, transaction advices, and other correspondence to my registered physical or electronic address, and accept the associated risks and liabilities of such communication.

6.2. Any account-related information shall only be disclosed to me, or to my duly authorised agent(s) or signatory(ies), unless otherwise expressly instructed by me in writing.

6.3. I acknowledge that the Bank shall not be liable for any delay, non-receipt, interception, alteration or loss of instructions sent by non-registered or unsecured email or other electronic means and I accept full responsibility and risk for the use of such communication channels.

7. Interest & Dormancy

7.1. I understand that interest is payable on a half-yearly basis, subject to the Bank's internal policies and applicable regulations, which may be modified from time to time. The prevailing interest rates are available in the Bank's Tariff Guide accessible via the Bank's website.

7.2. I am aware that:

7.2.1. A bank account not operated for two (2) years shall be classified as dormant.

7.2.2. Where such account remains unclaimed for seven (7) years or more, notwithstanding reasonable notification efforts by the Bank, the funds shall be deemed abandoned and transferred to the Bank of Mauritius in accordance with prevailing regulations.

8. Deceased Accounts (Individual/Joint)

8.1. In the event of my demise, I understand that:

8.2. If the account is held singly, the credit balance shall be payable to my legal heirs.

8.3. If the account is held jointly, the balance shall be payable to the survivor(s) and/or legal heirs based on the specified mode of operation.

8.4. The Bank shall act in accordance with the application form and official records to establish rightful ownership and access.

9. Foreign Currency (FCY) Account Provisions

9.1. I agree to bear any negative interest levied by the Bank's foreign banking partners on foreign currency balances and hereby authorise the Bank to debit my FCY Call Deposit Account accordingly with due notice.

10. Cards and PIN – Indemnity & Collection

10.1. I accept all risks associated with card and PIN collection at the Bank's designated service units.

10.2. If the card or PIN is not collected within the stipulated timeframes (two months for cards and one month for PINs), I authorise the Bank to cancel the request and destroy the items.

10.3. For security reasons, card and PIN will be sent to separate locations or must be collected separately. The Bank is not liable for any tampering or security breach during transmission or storage at the service unit.

Customer 2

To: SBM Bank (Mauritius) Ltd (hereinafter referred to as the "Bank" or "SBM")

I, the undersigned (hereinafter referred to as "I", "Me" or "My"), hereby confirm and declare that:

1. Accuracy of Information & Ongoing Disclosure

1.1. All information provided to the Bank is true, accurate, complete, and up to date to the best of my knowledge.

1.2. I undertake within 14 business days to inform the Bank in writing of any change(s) to the information provided, including, but not limited to, changes in beneficial ownership, directorship, shareholding, and authorised signatories.

2. Authorisations & Enquiries

☐ 2.1. I hereby authorise the Bank to access, retrieve, and download my information and documents from a regulated Central KYC database as permitted under any applicable law or regulation.

2.2. I further authorise the Bank to conduct independent verification and background checks on any shareholders, directors, beneficial owners, or authorised signatories in accordance with the Bank's internal policies and procedures, including but not limited to obtaining reference(s) from other financial institutions with which I/we maintain a relationship.

☐ 2.3. I authorise the Bank to search, extract and/or download KYC documents relating to me to / from a regulated Central KYC System (CKYC) for the purpose of account opening and/or customer review exercise and/or meeting the requirements of the Bank of Mauritius Guideline on Anti-Money Laundering (AML) / Combating the Financing of Terrorism (CFT) / Proliferation Financing (P).

2.4: I 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. I 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.

3. Know Your Customer (KYC) Compliance

3.1. I acknowledge that the Bank will only proceed with account opening, maintenance, or closure of accounts, as well as with the rental of safe deposit boxes, where it is satisfied that the true identity of the applicant/customer has been verified in accordance with the Banking Act 2004 and all applicable Anti-Money Laundering and Combating the Financing of Terrorism laws and regulations.

3.2. I acknowledge that the Bank may at any time and at its sole discretion, request additional documents or information to comply with applicable laws and regulations, including but not limited to domestic and international sanction laws. I undertake to provide such documents or information promptly and within fourteen (14) business days from the date of the Bank's request.

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5.2. I authorise the Bank to perform call-back procedures to confirm instructions (including for fund transfers or foreign exchange transactions) and to confirm and agree upon exchange rates for cross-currency operations.

5.3. I acknowledge that the Bank shall not be liable for any losses, damages, costs or claims arising directly or indirectly from forged/fraudulent or unauthorized instructions, provided that the Bank has acted in accordance with its verification procedures and internal controls, whether or not such procedures were sufficient to detect the forgery or fraud.

6. Statements, Advices & Correspondence

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6.2. Any account-related information shall only be disclosed to me, or to my duly authorised agent(s) or signatory(ies), unless otherwise expressly instructed by me in writing.

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7.2. I am aware that:

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7.2.2. Where such account remains unclaimed for seven (7) years or more, notwithstanding reasonable notification efforts by the Bank, the funds shall be deemed abandoned and transferred to the Bank of Mauritius in accordance with prevailing regulations.

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8.2. If the account is held singly, the credit balance shall be payable to my legal heirs.

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10.2. If the card or PIN is not collected within the stipulated timeframes (two months for cards and one month for PINs), I authorise the Bank to cancel the request and destroy the items.

10.3. For security reasons, card and PIN will be sent to separate locations or must be collected separately. The Bank is not liable for any tampering or security breach during transmission or storage at the service unit.

CUSTOMER DECLARATION AND AUTHORISATION
(Applicable to Account Opening, Operations, and Products & Services)

Customer 1	Customer 2
10.4. I am hereby informed by the Bank that as per the Bank's policy and for security reasons, Debit, Credit and FCY Prepaid Card are sent to SBM Service Units for collection by customer, and the PINs for the said cards are either mailed to customers' mailing addresses by registered post Or collected by the Customer or his/her Agent at the Service Unit Or activation of Pin can be effected at ATM Machine or SBM POS Terminal. The Bank stay guided by the instruction(s) of the Customer. 10.5. Following the expiry date of the Debit and Credit Cards, the renewed cards are sent to the Customer by registered post to his/her mailing address with the PIN attached to it, which allows the activation and change of PIN at the ATM Machine or SBM POS Terminal. 10.6. I am aware that the bank may outsource some of its mailing services to accredited suppliers approved by the regulatory authorities. The Bank will undertake all necessary due diligence on these companies and will ensure that I am provided with a service of the highest standards at all times. **11. Cheque Book – Indemnity & Conditions** 11.1. I authorise the Bank to destroy any cheque book not collected within one (1) month from the relevant service unit and to debit my account with the associated fees. 11.2. Cheque book issuance shall be subject to sufficient funding of the relevant account. **12. Digital & Mobile Banking** 12.1. I am responsible for all transactions carried out via Internet Banking, Mobile Banking (SBM TAG), SMS Banking, cheque book usage, and top-up services. 12.2. I commit to providing accurate and up-to-date KYC and contact information, including mobile number, for subscription to SMS Alerts and other services. **13. Account Statements & Fraud Detection** 13.1. Pursuant to Section 57 of the Banking Act 2004, I undertake to promptly review account statements or cheques issued by the Bank and report any unauthorised transactions or alterations within a reasonable time. 13.2. Failure to report such irregularities within one (1) year from the date of issue shall preclude me from making any claims against the Bank in respect of those transactions. **14. Tax Compliance Declaration** 14.1. I acknowledge my personal responsibility for compliance with tax laws in all relevant jurisdictions. I confirm that: 14.2. All accounts, assets, and related income with the Bank have been and will be duly declared. 14.3. I will provide evidence of tax compliance upon request. 14.4. Failure to do so may result in immediate termination of my banking relationship with the Bank. The Bank disclaims all liability for losses or damages resulting from such termination. **15. Anti-Money Laundering & Financial Crime** 15.1. I affirm that no funds deposited originate directly or indirectly from any unlawful or illicit activities. 15.2. I confirm that I am not involved, nor shall I be involved, directly or indirectly, in money laundering or terrorist financing. 15.3. I understand that knowingly providing false or misleading information in connection with Customer Due Diligence (CDD) constitutes a criminal offence under the relevant legislation and may result in a fine not exceeding MUR 500,000 and/or imprisonment of up to 5 years. **16. Bank's Right to Terminate Account** 16.1. I acknowledge that the Bank reserves the right to terminate any account following reasonable written 1 month written notice in the event of: 16.1.1. Unsatisfactory account conduct; 16.1.2. Failure to provide requested KYC or due diligence documentation. **17. Data Protection and Marketing Consent** ☐ 17.1. I consent to the processing, use, storage and sharing of my personal data with entities within the SBM Group and third parties acting on behalf of the Bank, including cross-border transfers where applicable. 17.2. I acknowledge that the Bank shall process, store and share my 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. I [*tick as appropriate*]: ☐ Consent ☐ Do not consent to the use of my personal data for marketing and direct communication purposes. 17.3. For further information, I refer to the Data Protection section available on the Bank's website: https://banking.sbmgroup.mu/data-protection 17.4. General Terms and Governing Law 17.4.1. I have read, understood, and agree to the Terms and Conditions applicable to all products and services of the Bank, as available on www.sbmgroup.mu. I understand these may be updated periodically without prior notice. 17.4.2. I confirm that the Bank has recommended that I seek independent legal or professional advice before signing this declaration, and I have done so or waived the right to do so voluntarily. 17.4.3. This declaration shall be governed by the laws of the Republic of Mauritius, and any dispute shall be subject to the exclusive jurisdiction of the courts of Mauritius. 17.4.4. The Bank shall not be held liable in instances where the use of any debit/credit card is hampered due to force majeure or reasons beyond the Bank's control. 17.4.5. I acknowledge that the Bank shall not under any circumstances be liable for any indirect, consequential or special damages, loss of profit, loss of opportunity or reputational loss, howsoever arising in connection with the operation of the account or the provision of banking services.	10.4. I am hereby informed by the Bank that as per the Bank's policy and for security reasons, Debit, Credit and FCY Prepaid Card are sent to SBM Service Units for collection by customer, and the PINs for the said cards are either mailed to customers' mailing addresses by registered post Or collected by the Customer or his/her Agent at the Service Unit Or activation of Pin can be effected at ATM Machine or SBM POS Terminal. The Bank stay guided by the instruction(s) of the Customer. 10.5. Following the expiry date of the Debit and Credit Cards, the renewed cards are sent to the Customer by registered post to his/her mailing address with the PIN attached to it, which allows the activation and change of PIN at the ATM Machine or SBM POS Terminal. 10.6. I am aware that the bank may outsource some of its mailing services to accredited suppliers approved by the regulatory authorities. The Bank will undertake all necessary due diligence on these companies and will ensure that I am provided with a service of the highest standards at all times. **11. Cheque Book – Indemnity & Conditions** 11.1. I authorise the Bank to destroy any cheque book not collected within one (1) month from the relevant service unit and to debit my account with the associated fees. 11.2. Cheque book issuance shall be subject to sufficient funding of the relevant account. **12. Digital & Mobile Banking** 12.1. 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I [*tick as appropriate*]: ☐ Consent ☐ Do not consent to the use of my personal data for marketing and direct communication purposes. 17.3. For further information, I refer to the Data Protection section available on the Bank's website: https://banking.sbmgroup.mu/data-protection 17.4. General Terms and Governing Law 17.4.1. I have read, understood, and agree to the Terms and Conditions applicable to all products and services of the Bank, as available on www.sbmgroup.mu. I understand these may be updated periodically without prior notice. 17.4.2. I confirm that the Bank has recommended that I seek independent legal or professional advice before signing this declaration, and I have done so or waived the right to do so voluntarily. 17.4.3. This declaration shall be governed by the laws of the Republic of Mauritius, and any dispute shall be subject to the exclusive jurisdiction of the courts of Mauritius. 17.4.4. The Bank shall not be held liable in instances where the use of any debit/credit card is hampered due to force majeure or reasons beyond the Bank's control. 17.4.5. I acknowledge that the Bank shall not under any circumstances be liable for any indirect, consequential or special damages, loss of profit, loss of opportunity or reputational loss, howsoever arising in connection with the operation of the account or the provision of banking services.

ACCEPTANCE OF TERMS & CONDITIONS BY SIGNATORIES

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.	I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.
Name:	Name: .....
Signature:	Signature: .....
Capacity:	Capacity: .....
Date: ...../...../.....	Date: ...../...../.....

FOR OFFICE USE

Customer 1		Customer 2	
CRM CIF:	Finacle CIF:	CRM CIF:	Finacle CIF: .....
Balance Available (Y/N):	.....	Balance Available (Y/N):	.....
Risk Level	.....	Risk Level	.....
Next KYC Review Date	.....	Next KYC Review Date	.....
KYC Compliant	☐ Yes ☐ No	KYC Compliant	☐ Yes ☐ No
Signature Verified	☐ Yes ☐ No	Signature Verified	☐ Yes ☐ No
Opportunity No. for:		**Opportunity No. for:**	
Debit Card:	.....	Debit Card:	.....
Prepaid Card:	.....	Prepaid Card:	.....
SMS Banking:	.....	SMS Banking:	.....
SMS Alert:	.....	SMS Alert:	.....
SMS Top Up:	.....	SMS Top Up:	.....
Internet Banking:	.....	Internet Banking:	.....
Remarks	.....	Remarks	.....

MIS Details	Customer 1	Customer 2
LOB		
ISIC 1		
ISIC 2		
Segment A/B		
Customer Type		
BOM Sector		
Officer Code		
Initiating Branch		
Documents Scanned on Omnidocs:		

Operations Lead Approval	Yes ☐	No ☐	Not Required ☐
PEP Approval and Update PEP Register	Yes ☐	No ☐	Not Required ☐
HOD Approval	Yes ☐	No ☐	Not Required ☐
OPC Onboarding Approval	Yes ☐	No ☐	Not Required ☐
Remarks			

Processed By:

Name : ..... User ID: ..... Signature: ..... Date: ...../...../.....

Verified By:

Name : ..... User ID: ..... Signature: ..... Date: ...../...../.....

Office Seal

Initial(s)