PERSONAL DETAIL

Customer's Name: ……..

Account No. : ……..

Date (dd/mm/yy)**:** ……

KYC Review Date (dd/mm/yy)**:** ……

AUTHORISED SIGNATORIES/DIRECTORS/SHAREHOLDERS/PARTNERS PROFILE

	1	2	3
CIF (Bank use)			
First Name			
Maiden Name			
Last Name			
Title (Mr. / Mrs. / Ms.)			
Category	☐ Mauritian Resident ☐ Mauritian Non-Resident ☐ Foreigner Resident ☐ Foreigner Non-Resident	☐ Mauritian Resident ☐ Mauritian Non-Resident ☐ Foreigner Resident ☐ Foreigner Non-Resident	☐ Mauritian Resident ☐ Mauritian Non-Resident ☐ Foreigner Resident ☐ Foreigner Non-Resident
Role / Designation	☐ Director ☐ Shareholder ☐ Authorised Signatory ☐ UBO ☐ Others(Please specify) ……	☐ Director ☐ Shareholder ☐ Authorised Signatory ☐ UBO ☐ Others(Please specify) ……	☐ Director ☐ Shareholder ☐ Authorised Signatory ☐ UBO ☐ Others(Please specify) ……
Passport/ NIC No			
Place & Date of Birth			
Residential Address			
If no, specify relationship (supported by evidence)			
Mailing Address (If different from Residential Address)			
E-mail Address			
Phone No.			
Mobile Phone No.			
Profession			
Authorised Signatory			

Date (dd/mm/yy) ……

Company Seal (If Applicable)