



Date of application:

Dept Seal:

CHANGE REQUEST (NON-KYC)

A: Customer Request

CUSTOMER ID	1. <input type="text"/>	2. <input type="text"/>
ACCOUNT NAME	<input type="text"/>	
ACCOUNT NUMBER(S)	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	

B: Change Request Details: (please tick as appropriate)

1. Customer Details:		Customer ID:	Customer ID:
i) Phone number (Residential)	<input type="checkbox"/>		
ii) Mobile number	<input type="checkbox"/>		
iii) Email (communication) (E-SAM: Yes / No)	<input type="checkbox"/>		
iv) Email (registered)	<input type="checkbox"/>		
2. others:	<input type="checkbox"/>		

Change in mobile number or email address will also be replicated for products (Alerts & Notification).

C: Employment Details

Salaried-Employed Full Time: <input type="checkbox"/> Salaried - Employed Part Time: <input type="checkbox"/> Retired: <input type="checkbox"/> Student: <input type="checkbox"/> SELF EMPLOYED: <input type="checkbox"/>			
Occupation:		Average Monthly Income (MUR):	
Name and Address of Current Employer		Source of Funds	
Income Frequency	Daily / Weekly / Fortnightly / Monthly	Expected Monthly Deposit on Account (MUR)	

Please capture Profile Form in case full maintenance is required.

D: Term Deposit Details

Term Deposit Amount (to specify currency) :

Period: MonthsDays

Debiting Account Number / Name: /

Source of Funds (for FD):

Interest Payment Freq: Monthly / Quarterly / Half Yearly / Yearly / Maturity

Interest Rate:% Floating Fixed

Interest disposal account number		Account Name		Beneficiary Bank (If any)	
Capital Repayment account number		Account Name		Beneficiary Bank (If any)	

Customer Declaration:

I / We hereby confirmed that there is no change in my / our KYC data and / or other personal details held by the bank.

I / We remain responsible to notify / provide the bank for any change on my / our personal data.

	Customer 1	Customer 2
Customer Name		
NIC / Passport No.		
Signature / Thumbprint (sign in the middle of the box)	<input type="checkbox"/> Left Thumbprint <input type="checkbox"/> Right Thumbprint	<input type="checkbox"/> Left Thumbprint <input type="checkbox"/> Right Thumbprint
Thumbprint taken in the presence of Two witnesses:	<p>Bank Officer: Name: Employee Id: Signature:</p> <p>Accompanied person: Name: NIC Number: Occupation: Relationship with a/c holder: Signature:</p> <p>We also confirm that the MauBank General Terms and Conditions for Account opening & MauBank Products have been read & explained to the account holder.</p>	<p>Bank Officer: Name: Employee Id: Signature:</p> <p>Accompanied person: Name: NIC Number: Occupation: Relationship with a/c holder: Signature:</p> <p>We also confirm that the MauBank General Terms and Conditions for Account opening & MauBank Products have been read & explained to the account holder.</p>
Signature captured	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

BANK USE ONLY

Front Office / Sales Level		Date: <input type="text"/>	
NIC Validator <input type="checkbox"/>	Caution List <input type="checkbox"/>	Media Search <input type="checkbox"/>	World Check Screening <input type="checkbox"/>
Processed by		Verified by	
Full Name / Emp ID		Full Name / Emp ID	
Signature		Signature	
Data Management Unit (DMU)		Date: <input type="text"/>	
Processed by		Verified by	
Full Name / Emp ID		Full Name / Emp ID	
Signature		Signature	
DMU – Scanning		Date: <input type="text"/>	
Processed by		Verified by	
Full Name / Emp ID		Full Name / Emp ID	
Signature		Signature	