



# Account Opening & New Product Form Non-Individual

(For Bank use only)

Date of Application: \_\_\_\_\_

<b>Customer ID (Entity)</b>	
<b>Account Number</b>	

## A: COMPANY PROFILE

### 1. Entity Details

<b>Entity Name:</b>	
<b>Business Trade Name:</b>	<b>Company Number:</b>
<b>Incorporation Date:</b>	<b>Business Registration No:</b>
<b>Country of Incorporation:</b>	<b>Company Status:</b>
<b>Nature of Business:</b>	<b>Group Connection:</b>
<b>Regulatory Authority:</b>	<b>Name of Previous/ Current Banker</b>
<b>Country of Operation and Dealing:</b>	<b>Targeted Market:</b>

Has the company adopted any constitution  Yes  No

(If Yes, please share a certified copy of the constitution with the Bank. If No, a letter of no constitution and abidance to country of incorporation's prevailing company's law to be provided)

### 2. Entity Contact Details

<b>Registered address:</b>	<b>Telephone Number:</b>
<b>Correspondence Address:</b> (If different from Registered address)	<b>Physical location of the company:</b>
<b>Email:</b>	<b>Fax:</b>
<b>Website: (if any)</b>	<b>Others:</b>

### Brief on the Entity

Modus operandi of the entity (detailed explanation on how the entity will conduct its declared business activity)

### 3. Management Team of the Company

Name	Capacity	Name	Capacity

4. a. Purpose of bank account:

b. Amount of initial funds:

Source of initial funds:

c. Source of ongoing funds:

### 5. Estimated number and value of transactions on a monthly basis (to specify currency)

Inflow		Outflow	
Number	Value ('000)	Number	Value ('000)

#### Estimated Annual Turnover

Currency	Year 1	Year 2	Year 3

## B: DECLARATION OF BENEFICIAL OWNER

In line with BOM AML/CFT GN section 10.05 and FIAMLA 17E.3 and FIAML Reg. 6, Ultimate Beneficial Owner (UBO) refers to the natural person(s) who ultimately owns or controls a customer and/or the person on whose behalf a transaction is being conducted. It also incorporates those natural persons who exercise ultimate effective control over a legal person or arrangement and such other persons as may be prescribed. In cases where no natural person is identified as a beneficial owner, the identity of the natural person who holds the position of senior managing official\* shall be captured.

Name of the Natural Person	NIC / Passport No.	Contact Number	Nationality & Country of Birth (if different from Nationality)	Permanent Address

In cases where no natural person is identified as a beneficial owner, the identity of the natural person who holds the position of senior managing official shall be captured. \* Senior managing official means an individual who makes, or participates in making, decisions that affect the whole, or a substantial part, of the business of a customer or who has the capacity to affect significantly the financial standing of a customer.

I/we hereby certify that the information furnished here above is complete, true and accurate in all respects. I/We are aware of the true identity of the beneficial owners and there are no anonymous principals. I/we undertake to inform the Bank forthwith of any subsequent changes brought to the customer's beneficial ownership.

## C: DECLARATION OF OFFICIALS

(SIGNATORIES, DIRECTORS, SIGNIFICANT SHAREHOLDERS, ETC)

	1.	2.	3.
<b>Surname</b>			
<b>First Name</b>			
<b>Residential Address</b>			
<b>NIC / Passport Number</b>			
<b>Relationship with Entity</b>			
<b>Designation/Post held</b>			
<b>Contact Number</b>			
<b>Email Address</b>			
<b>CIF</b> (as applicable for bank use only)			
	4.	5.	6.
<b>Surname</b>			
<b>First Name</b>			
<b>Residential Address</b>			
<b>NIC / Passport Number</b>			
<b>Relationship with Entity</b>			
<b>Designation/Post held</b>			
<b>Contact Number</b>			
<b>Email Address</b>			
<b>CIF</b> (as applicable for bank use only)			

## D: SPECIMEN SIGNATURE OF AUTHORISED SIGNATORIES

<b>Name</b>	
<b>NIC/passport</b>	
<b>Specimen Signature</b>	

<b>Name</b>	
<b>NIC/passport</b>	
<b>Specimen Signature</b>	

<b>Name</b>	
<b>NIC/passport</b>	
<b>Specimen Signature</b>	

<b>Name</b>	
<b>NIC/passport</b>	
<b>Specimen Signature</b>	

Name	
NIC/passport	
Specimen Signature	

Name	
NIC/passport	
Specimen Signature	

## E: TAX COMPLIANCE: INTERNATIONAL EXCHANGE AGREEMENT COMMON REPORTING STANDARD AND FATCA SELF CERTIFICATION FORM – ENTITY

Section 1	Yes	No
Is the entity incorporated in the US?		
Is the entity a subsidiary of any company located in the US? *		
Does the entity have a US mailing address? *		
Does the entity maintain an “in care of” or a ‘hold mail’ US address? *		
Does the entity have a current US landline phone number? *		
Does the entity have standing instructions to transfer funds to an account maintained in the US, or instructions regularly received from a US address? *		
Does the entity have any income from US source		
Has the entity granted a power of attorney or signatory authority to a person with a US address? *		
Is the entity taxable in the US? *		
Does the entity have any substantial US owner (U.S. person (shareholder and Owner (UBO) with US citizenship)?		

\* If you have answered ‘Yes’ to any of the above, please complete Section 3 (VI) below

**Note:** 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.

### Section 2 - Country of Residence for Tax Purposes and related Taxpayer Identification Number

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder’s TIN for each country/Reportable Jurisdiction indicated. Countries/Jurisdictions adopting the wider approach may require that the self - certification include a tax identifying number for each jurisdiction of residence (rather than for each Reportable Jurisdiction). If the Account Holder is not tax resident in any country (e.g. because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or jurisdiction in which its principal office is located.

Please insert US Tin if applicable for FATCA purposes.

S/N	Country of Tax Residency	Taxpayer Identification Number (TIN)/US TIN (Refer to Note 1)	If no TIN available, enter reason A, B or C (Refer to Note 2 below)	Explain why you are unable to obtain a TIN/US TIN if you selected Reason B in previous column
1.				
2.				
3.				
1.				
2.				
3.				

**Notes:**

- In case Tax Identification Number is not available, kindly provide its functional equivalent.
- 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 or equivalent number.
  - Reason C - No TIN is required. (Only select this reason if the authorities of the country of tax residence entered above do not require the TIN to be disclosed).

## Section 3 - Entity Classification

Provide the Account Holder's status by ticking one of the following boxes:

**I. FATCA  
Financial Institutions**

Participating Foreign FI

A registered deemed compliant FI

Please provide the Entity's GIIN or its sponsor's GIIN: \_\_\_\_\_

If unable to do so, please state reason: \_\_\_\_\_

**II. CRS**

**a) Financial Institution – Investment Entity**

i. An Investment Entity located in a Nonparticipating Jurisdiction and managed by another Financial Institution (Note: if ticking this box please also complete paragraph IV below)

ii. Other Investment Entity

**b) Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company**

**III. Applicable to both FATCA and CRS**

**a) Active NFE / NFFE (Nonfinancial Entity)– a corporate the stock of which is regularly traded on an established security market or a corporation which is a related entity of such a corporation**

If you have ticked paragraph III (a) please provide the name of the established securities market on which the corporation is regularly traded.

If you are a related entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the entity in paragraph III (a) is a related entity of

**b) Active NFE/NFFE - a government entity or central bank**

**c) Active NFE/NFFE - an international organisation**

**d) Active NFE/NFFE - other than (a) to (c) (for example a start- up or non - profit NFE)**

**e) Direct Reporting NFFE**

**f) Passive NFE/NFFE**

**IV. If you have ticked paragraph II (a) (i) or III (f) above, please indicate the name of any controlling persons of the Account Holder.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

- V. Complete “Controlling Person Tax Residency Self-Certification Form” for each controlling person mentioned under paragraph IV  
Additional information in relation to **Section 1 – Table 2**

<b>Name of Holding company</b>	
<b>US residence or mailing address</b>	
<b>US “in care of”/ “hold mail” address</b>	
<b>US landline phone number</b>	
<b>Type of fund transferred to or received from US</b>	
<b>Expected annual income from US</b>	
<i>This will include U.S. person with 10% or more interest by vote or value/ UBO with US citizenship</i>	
<b>Name of US authorised signatory or person having power of attorney</b>	

**VI. TAX RESIDENCY INFORMATION - FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)**

Please confirm signatory’s FATCA status by checking the relevant box:

Details	Ultimate Beneficial Owner 1		Ultimate Beneficial Owner 2	
	Yes	No	Yes	No
Are you US citizen or Resident?				
Were you born in the U.S (U.S Place of Birth)?				
Do you have current US residence or mailing address				
Do you have a US telephone number				
Do you have standing instructions to pay amounts from the account to an account maintained in the United States				
Have you granted a current power of attorney or signatory to a person with a US address?				
Do maintain only a US “in care of” or “hold mail” address?				
Do you receive any payment of interest, dividends, rents, salaries, wages, premiums, annuities, compensations, remunerations, emoluments, and other fixed or determinable annual or periodical gains, profits, and income from sources within the United States				
US Taxpayer Identification Number				
Foreign Tax Identification Number				

**Tax Residence Information (CRS)**

Ultimate Beneficial Owner

Are you a tax resident of a country other than Mauritius?  Yes  No

(If yes, I hereby certify that I am a resident in the following countries and my Tax Identification Number is provided below.)

S/N	Country of Tax Residence	Taxpayer Identification Number (TIN)	If no TIN available, enter reason A, B or	Explain why you are unable to obtain a TIN if you selected Reason B in previous column
1.				
2.				
3.				

If the Account Holder is tax resident in more than 3 countries, please use a separate sheet.

If you are not the Account Holder, please complete the following:

<b>Name</b>		<b>Capacity</b>	
<b>Relationship</b>		<b>Declaration</b>	
<b>Date of Birth</b>		<b>(Select as appropriate)</b>	I am <input type="checkbox"/> / I am not <input type="checkbox"/> a US citizen or US resident or taxable under US laws.
<b>Address</b>			

## F : CALLBACK NOMINEES

S/N	Full Name	NIC / Passport Number	Contact Number (one nominee can have more than one contact number)
1.			
2.			
3.			
4.			
5.			
6.			

## G: ACCOUNT OPENING

Note for International banking customers: Only Current Account and Term Deposit account are available.

<b>Type of Account:</b>	Current Account <input type="checkbox"/>	Normal Savings Account <input type="checkbox"/>	Savings Account with Cheque Book Facility <input type="checkbox"/>	Term Deposit Account* <input type="checkbox"/>	Others <input type="checkbox"/>	
	(Refer to part 1 - Fixed deposit details)					
<b>Currency of Account</b>	MUR <input type="checkbox"/>	EUR <input type="checkbox"/>	GBP <input type="checkbox"/>	USD <input type="checkbox"/>	AED <input type="checkbox"/>	Any other currency (ies): <input type="text"/>
<b>Mode of Operation</b>	Singly <input type="checkbox"/>	Anyone <input type="checkbox"/>	Jointly <input type="checkbox"/>	Others <input type="checkbox"/>	<i>(Names of the authorised signatories shall clearly be stated in board resolution)</i>	
<b>Cheque Book:</b> (Current Account in MUR only)	25 Leaves <input type="checkbox"/>	50 Leaves <input type="checkbox"/>	100 Leaves <input type="checkbox"/>			

## Part 1: Fixed Deposits Details:

Amount	<input type="text"/>	Source of funds	<input type="text"/>		
Tenor: Months	<input type="text"/>	Days	<input type="text"/>		
Interest Payment Frequency	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Half Yearly <input type="checkbox"/>	Yearly <input type="checkbox"/>	Maturity <input type="checkbox"/>
Interest Rate	<input type="text"/>	% p.a. Fixed	<input type="text"/>	% p.a. Floating	
Account number to be debited to open FD:	<input type="text"/>				
Interest Disposal by Credit to Account Number:	<input type="text"/>				
Maturity proceeds to be Credited to Account Number:	<input type="text"/>				

## E- CORRESPONDENCE DETAILS

Registered Email address	<input type="text"/>	(Applicable for only one email address)
Frequency	<input type="text"/>	(Daily, weekly or monthly)

## H: DEBIT CARDS

### Details for MauBank Card:

Savings Account		Fast Cash / Primary / Secondary
Savings Account with CBF		Fast Cash / Primary / Secondary
Current Account		Fast Cash / Primary / Secondary
Other Info		

Note: Only one account can be set as Primary.

List of Authorised User(s) (To be filled by nominees)	User 1	User 2	User 3
Customer ID (Bank Use)			
Surname			
First Name			
Emboss Name			
NIC / Passport Number			
Position in the Entity			

<b>List of Authorised User(s)</b> (To be filled by nominees)	<b>User 1</b>	<b>User 2</b>	<b>User 3</b>
<b>Send Card</b> (Post/Business Centre/Shipment)			
<b>Send Pin</b> (Post/Business Centre/Shipment)			
<b>Debiting account number for shipment</b>			
<b>Signature of Cardholder</b>			

Note(s): 1. Approval to be attached, if both Card and PIN being sent to Business Centre  
2. Board Resolution is required for issuance of Card

## I: INTERNET BANKING DETAILS

				Corporate ID	<input style="width: 150px; height: 20px;" type="text"/>
	<b>User 1</b>	<b>User 2</b>		<b>User 3</b>	
<b>User ID</b> (Bank Use)					
<b>Surname</b>					
<b>First Name</b>					
<b>NIC / Passport Number</b>					
<b>Position in the Entity</b>					
<b>Phone /Mobile Number</b>					
<b>Email Address</b>					
<b>Type of Access:</b> View only or View and Transact					
<b>If User shall have</b> 'View and transact' access, please state the daily transaction limit					
<b>Despatch PIN to</b> (Post / BusinessCentre/ Shipment / EPIN)					
<b>Debiting account number for shipment related charges</b>					
<b>Shipment Address</b>					
<b>City</b>					

	User 1	User 2	User 3
State			
Country			
Postal Code			
Signatures of E-Banking User(s)			

Note: 1. Approval to be attached for PIN sent to Business Centre  
2. Board Resolution is required for Internet Banking access

## J. PRIVACY POLICY

1. In this Policy, Maubank Ltd (“Bank”) sets out how it collects, processes, stores and protects and thereby ensures the privacy and security of your personal Data in conformity with Data Protection Laws.

2. Maubank as “Data Controller”

Maubank, as “data controller” for the purposes of the Data Protection Laws, decides on the purposes for which and manner in which your Personal [“Data”] Data is processed.

3. Collection of Data

Data which may be collected from you includes –  
(i) customer identification data, such as name, date of birth, gender, marital status, email addresses and telephone numbers, passport and national identity card details, tax identification number;

(ii) employment details

(iii) family details

(iv) financial situation (indebtedness, assets, revenue etc)

(v) telephone recordings, correspondences by email or letters between you and Maubank.

4. Mode of Collection of Data

Data is collected from a number of sources, including when you

(i) Make phone calls, send emails or letters or use other means of contacting the bank;

(ii) Open an account and register with the bank consenting to receive information on the bank’s service.

(iii) Use the bank’s website and services, including its mobile application.

5. Use of Data

Data collected from you or from other legitimate sources.

Data collected will be used and processed only for the following purposes:

(i) To provide you with banking services in line with current and future products offering of the bank, including opening and managing of accounts, managing and updating of your file, entering into and managing and enforcing your contract with the bank;

(ii) Internal accurate and up to date record keeping, which also requires you to provide the bank with information relating to changes in your personal Data;

(iii) Market research

(iv) Compliance with legal obligations, including fraud preparation and investigating and reporting financial crimes, and attending to requests from law enforcement authorities, and

(v) for business related purposes.

6. Use of data with your express consent

Where marketing information on the bank’s products and services that may be of interest to you is provided to you, you will be given the opportunity to opt out by completing our Marketing Form and also opt out at any later stage.

7. Sharing of your Data

The bank may share your data with –

(i) (a) its employees tasked with dealing with your request for banking facilities;

(b) any of affiliates of the bank

(c) third Parties, subject to (9) below

8. Security of your Data

Administrative and technical measures to ensure the security of your data will be implemented such as the availability of a password and user name for access to your account, secure servers and cloud storage, encryption of payment details.

9. Third Party Processing of your Data

In the conduct of its business and for providing its services to you, the bank may share your data with its advisers and service providers, whether in Mauritius or in another country, and with other third parties or institutions. When the bank does so, the Third Party will be subject to binding contractual obligations to –

(i) only process the data in accordance with the bank’s written instructions;

(ii) process the data with the same degree of care as is required under Data Protection Laws;

(iii) use technical and administrative measures to ensure the protection of the data from alteration or accidental loss or destruction or access by unauthorized persons.

10. Storage of your Data

The bank will keep your data for as long as you are its customer and even after you cease to be a customer pursuant to applicable legal obligations relating to keeping of data for prescribed minimum periods.

11. Your rights regarding your Data held by the bank:

(a) Subject to (b) below, in relation to your Data, you have -

i. the right to obtain information regarding the processing of your data and to access to it, free of charge.

ii. the right to withdraw your consent to our processing of your personal data at any time. Please note however we may be entitled to process your personal data if we have another legitimate reason (other than consent) for doing so.

iii. the right to request that your Data be rectified if it is inaccurate or incomplete.

iv. the right to request that your Data from our systems be deleted in certain circumstances.

- v. the right to “block” us from using your Data or limit the way in which we can use it.
- vi. the right to object to our use of your Data including where the bank uses it for its legitimate interests.
- vii. the right to lodge a complaint with the Data Protection Commissioner (website: <http://dataprotection.govmu.org>) if you consider that your right has been infringed by the bank and you are dissatisfied with the action of the bank on your complaint to the bank (contact: +230 405 9400)

- (b) The exercise of the above rights is subject to the limits and conditions under the Data Protection Laws under which the bank may, e.g, refuse your request to have your data deleted or to withdraw your consent to the processing of your personal data on legitimate grounds.

**I declare that I have read and understood the clauses above and the Bank’s Privacy Notice. I voluntarily give my consent to the disclosure and processing of my Personal Data as stated in this document and MauBank’s Privacy Notice. I also undertake to inform MauBank of any changes in my Personal Data.**

## K. COMMUNICATION AGREEMENT

MauBank Ltd (hereinafter referred to as the “bank”) is hereby requested by the undersigned (hereinafter jointly and severally referred to as the “Addressor”) to act on instructions received either verbally, by telephone, email, facsimile transmission or telex (a ‘message’ or “messages”) and/ or any other mode of communication including internet, etc. without limitation as to mode subject to the terms hereof. in consideration thereof, the Addressor agrees with the bank as follows:

- 1.1. The Addressor authorises and instructs the Bank to act on any Message received without the need for the Bank to effect further verification on veracity of the Message and any instruction contained therein. The Addressor acknowledges that any Message the Bank acts upon will be conclusively deemed to be valid instruction to the same extent and effect as if the Addressor had given original signed written instruction to the Bank, irrespective of whether or not authorized by the Addressor or whether or not accurately communicated and received by the Bank. The Banks’ records will be conclusive evidence of the message.
- 1.2. The Bank may decline or delay acting on any Message for any reason, for example if the instruction as contained in any Message is incomplete, ambiguous or cannot be carried out due to insufficient funds or otherwise, or due to its unlawfulness or for any cause or reason not specified herein without the Bank being obliged to provide any explanation to the Addressor for such action.
- 1.3. The Addressor agrees that in respect of any Message and any instructions contained therein for the transfer of money to any account held in the name of the Addressor or any third party with the Bank or any other bank, same day value may only be given to the transaction if the Message is received by the Bank at a reasonable time before the close of its business to the public. The Addressor acknowledges that international remittances are subject to cut off time, time zone differences and local regulations of the destination country.
- 2.1. The Addressor acknowledges that the Bank will not be held liable for any delay, failure of performance, damage, penalty, cost, expense or inconvenience resulting to the Addressor or any other person arising from the Bank’s action or omission to act on any Message received and hereby waives any rights that the Addressor may have or obtain against the Bank arising directly or indirectly from any losses or damages which it may suffer from such action or omission to act on any Message except where such proven loss arises from the unlawful acts or gross negligence of the Bank’s employees.
- 2.2. The Addressor agrees to indemnify and keep the Bank harmless from and against any and all charges, complaints, costs, damages, demands, expenses, and losses incurred or arising otherwise than from the unlawful acts or gross negligence of the Banks’ employees which the Bank may incur, sustain or suffer, arising from or by reason of the Bank’s acting, delaying in acting or declining to act upon any Message received, in accordance with this Agreement, including without limitation legal fees and expenses and disbursement incurred by the Bank.
3. The Addressor understands that any instructions contained in Messages for investments or disinvestments in the Addressor’s name(s), is made entirely at the Addressor’s risks and perils without the Bank being in any way liable for any cause whatsoever.
4. The Bank, its correspondents’ banks and other financial institutions involved in processing remittances may rely on any account or identification numbers provided by the Addressor and will not seek to confirm whether the number specified corresponds with the name of the beneficiary or the beneficiary’s bank provided in the payment order. The payee may be required to provide identification to the satisfaction of the paying bank. Neither the Bank nor its correspondent banks shall be held liable for any loss, damage or prejudice in execution of instructions received in any such Messages.
5. The Addressor acknowledges that payment instructions contained in any Messages and executed by the Bank are irrevocable. Under exceptional circumstances to be exclusively determined by the Bank and without it being in any way liable however for any refusal, the Bank will, on best effort basis, attempt to recall a wire payment upon the Addressor’s instructions. However, the Bank cannot guarantee return of funds to the Addressor once the transfer instruction contained in any Message has been executed. Any funds recalled will be credited to the Addressor’s account at the Bank’s quoted rate of exchange.
6. The Addressor agrees to pay the Bank’s fees and charges and to reimburse any deductions, withholding or other taxes, interest and penalties that may be due or incurred by the Bank in connection with any instructions contained in any Messages. The Addressor irrevocably authorises the Bank to deduct such amount due or incurred from any of its Addressor’ accounts.
7. This Agreement may be terminated by the Bank at any time by verbal or written notice to the Addressor effective at the time such notice is communicated to the Addressor. The Addressor may terminate this agreement at any time by notice in writing delivered to the Bank, such notice to be effective no later than 15 business days after delivery to the Bank and after written confirmation issued by the Bank.
8. The Addressor hereby jointly and severally agree that the Bank may act on any Message provided by either one of the undersigned and such messages will be binding on the other without confirmation by the Bank to the other. The Addressor jointly and severally agree to all the conditions outlined in this Agreement. The death or winding up of anyone of the undersigned will not invalidate this disclaimer document which remains in effect until such time as notice of termination has been given in accordance with the terms set out hereinabove.

Email Address

1.
2.
3.
4.
5.

# L: CUSTOMER UNDERTAKING AND DECLARATIONS

## UNDERTAKING FOR NATURE OF BUSINESS

The company is currently trading as per Business Registration Card with registration number

issued on \_\_\_\_\_

In case there are no operation being conducted under some specific trade codes mentioned in the BRC above, please specify the code(s) below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

The company undertakes to notify the bank whenever there will be a change with respect to the above.

## M: DEALING WITH HIGH RISK/RESTRICTED BUSINESSES AND JURISDICTIONS

I/We,  (being the Beneficial Owner/ Director of,   
understand that the MauBank Ltd ('Bank') has a list of restricted jurisdictions and businesses as per its internal policy, with which no business dealings will be undertaken.

I/We are also made to understand that the Bank holds a list of high-risk jurisdictions with corresponding restrictions and High Risk Businesses as per its internal policy, which may be subject to change from time to time, where transactions will not be processed from or into any account held with the Bank.

I/We therefore confirm and state that, I/ We will not use my/our account/s held at the Bank to request or accept any transaction contrary to the Bank's internal policy and I/we further acknowledge that the Bank reserves the right to take appropriate actions which shall include termination of business relationship in the event of failure of obligations under this letter of undertaking.

## N: COMMON REPORTING STANDARD AND FATCA SELF CERTIFICATION – ENTITY

1. I/We understand that the information supplied by me is subject to the terms and conditions governing the Account Holder's relationship with MauBank Ltd where the Account Holder's financial relationship is maintained.
2. I/We acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided, directly or indirectly, to any relevant tax authority, including the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be resident for tax purposes pursuant to bilateral or multilateral agreements between governments to exchange financial account information.
3. I/We understand that if the above entity is connected to the US (for example if it is a US entity or receive any or determinable, annual or periodic income from the US), MauBank Ltd may be obliged to report information related to its account to its competent local tax.
4. I/We certify that I am authorised to sign for the Account Holder of all of the account(s) to which this form relates.
5. I/We declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete and I undertake to indemnify MauBank and its officers in the event that any information provided is erroneous.
6. I/We undertake to submit to MauBank Ltd, a suitably updated self-certification form within 30 days of any change in circumstances which affects the tax residency status of the Account Holder or where any information contained herein to become incorrect or incomplete.

I/We therefore confirm and state that, I/ We will not use my/our account/s held at the Bank to request or accept any transaction contrary to the Bank's internal policy.

I/We further acknowledge that the Bank reserves the right to take appropriate actions which shall include termination of business relationship in the event of failure of the stated obligations.

## O: INDEMNITY CLAUSE

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I / we hereby guarantee and agree to hold MauBank Ltd, their successors and assigns, harmless and indemnified from and against all claims, losses, expenses, costs, charges, causes of action, demands, liabilities and damages including attorney's fees, resulting from or which may arise following my/our above instruction".

## P: CUSTOMER DECLARATION

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By signing the present Declaration, I / We, hereby acknowledge having received, read and understood all the provisions of the Terms and Conditions set out in this Account Opening and New Product Form inclusive of the Bank's Account Opening General Terms and Conditions and supplemented with additional written agreements or notices that may apply to products and/or services or to all accounts or to specific account as laid out on MauBank's Website [www.maubank.mu](http://www.maubank.mu) (collectively, the "Terms and Conditions"). Such Terms and Conditions have been explained to me by (Bank Officer name) and I fully agree to be bound by them.

I / We have also been informed that the said terms and conditions may be varied by the Bank without prior notification and that I / we may avail of a copy of same at Business Centres, or on the Bank's website: [www.maubank.mu](http://www.maubank.mu) or through any communication medium deemed appropriate by the Bank.

**Disclaimer: Account Number(s) shall be communicated to you once all related documents (KYC/ CDD/ EDD) have been duly acknowledged as per the bank's policy. Failing to comply with same, the bank reserves the right not to proceed ahead without any further formalities.**

Name of applicant	<input type="text"/>	Name of applicant	<input type="text"/>
NIC/Passport Number	<input type="text"/>	NIC/Passport Number	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>

\* Name of eligible introducer

\* Signature and seal of eligible introducer

FSC License number of Eligible Introducer:

# For Bank Use Only:

Application receipt date

Maker  Signature

Checker  Signature

CAUTION LIST MAKER  CHECKER

WORLD CHECK MAKER  CHECKER

Application Acknowledgement Date  Scheme Code

Type of Account (Micro/Macro)  Corporate Segment  Business Centre Sol ID

Sector Code  Sub Sector Code  ISIC code

Type of customer: (Please tick accordingly)

Private Limited Company	<input type="checkbox"/>	Private Limited Company	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
GBC	<input type="checkbox"/>	Authorised Company	<input type="checkbox"/>	Foreign Company	<input type="checkbox"/>
Trust	<input type="checkbox"/>	Others (Please specify)	<input type="text"/>		

Primary RM ID	<input type="text"/>	Secondary RM ID	<input type="text"/>
Primary RM Name	<input type="text"/>	Secondary RM Name	<input type="text"/>

## Business Centre/Department

## Data Management Unit

Processed by:	<input type="text"/>	Processed by:	<input type="text"/>
Employee ID:	<input type="text"/>	Employee ID:	<input type="text"/>
Signature:	<input type="text"/>	Signature:	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>
Verified by:	<input type="text"/>	Verified by:	<input type="text"/>
Employee ID:	<input type="text"/>	Employee ID:	<input type="text"/>
Signature:	<input type="text"/>	Signature:	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

## For Bank Use Only:

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### Scanning Unit

### Card Operations

Processed by:		Processed by:	
Employee ID:		Employee ID:	
Signature:		Signature:	
Date		Date	
Verified by:		Verified by:	
Employee ID:		Employee ID:	
Signature:		Signature:	
Date		Date	