



- 1. Please complete in BLOCK LETTERS and tick where appropriate
- 2. Please delete whichever is not appropriate

CUSTOMER PERSONAL DETAILS

**Status of Account: Resident/Non-Resident
Sole/Joint Account**

1. Title: Mr/Mrs/Miss/Minor

Surname

Name/s

2. National Identity Card No.

3. Passport No. Nationality Issue/Expiry date.....

4. Permanent residential address

5. Mailing address

6. Tel. No. (Off) (Res) (Mobile) Fax No.

7. Email

8. Date of birth (ddmmyyy)/...../.....

9. Marital status Single Married

10. Service/Business/Professional/Others: (Supported documents)

11. Name and address of present employer:

12. Other bank(s) used: 1. 2. 3.

JOINT **LEGAL GUARDIAN**

Surname

Name/s

National Identity Card No.

Passport No. Nationality Issue/Expiry date.....

Permanent residential address

Tel. No. (Off) (Res) (Mobile) Fax No.

Email Date of birth (ddmmyyy)/...../.....

Service/Business/Professional/Others: (Supported documents)

Name and address of present employer:

Marital status Single Married Other bank(s) used:

FOR EXPATRIATES ONLY

Overseas home address.....

Residence permit expires on/...../..... Work permit expires on/...../..... (copy to be produced)

I/We confirm that the details given are correct, true and complete and I/we further authorise the Bank to obtain independent verification of any data that has been provided.

I/We am/are aware that the processing of application for account opening/remittance has been outsourced to a third party and the bank assures its customers that section 64 of the Banking Act 2004, with respect to Confidentiality will be complied with in the process.

DATE:/...../..... Customer/s Signature:

FOR BANK USE ONLY

CUST ID:

Input by Verified by Approved by

NAME: NAME: NAME:

CHECKLIST		PERFORMED BY Initials	CHECKLIST		PERFORMED BY Initials
<input type="checkbox"/>	National Identity Card/Passport		<input type="checkbox"/>	Trading Licence	
<input type="checkbox"/>	Proof of address (CEB/CWA /Telecom Bill/Bank Statement)		<input type="checkbox"/>	Affidavit for personal trader (using Trade Name)	
<input type="checkbox"/>	Completed signature card duly authorised		<input type="checkbox"/>	Business Registration Card	
<input type="checkbox"/>	Proof of customer's occupation		<input type="checkbox"/>	Direct Debit application form	
<input type="checkbox"/>	Birth Certificate (For Minor & Incapacitated Adult)		<input type="checkbox"/>	Account terms & conditions	
<input type="checkbox"/>	Judge's Order (Where applicable)		<input type="checkbox"/>	Service Charges schedule	
<input type="checkbox"/>	Bank reference		<input type="checkbox"/>	Other documents	



PERSONAL ACCOUNT OPENING FORM

Fixed Deposit Account

New Customer Existing Customer

Title: Mr/Mrs/Miss/Minor **MAIN ACCOUNT HOLDER**

SURNAME

NAME/S

Other Account Holder (if applicable)

NAME/S	<input type="checkbox"/> JOINT <input type="checkbox"/> LEGAL GUARDIAN
SURNAME	<input type="text"/>
NAME/S	<input type="text"/>

ACCOUNT NO.

Account Status Sole Joint

Currency: MUR USD EUR GBP

Amount

Tenor Month/s **Rate of Interest** per cent per annum

Mode of Interest payable: Monthly Quarterly Half-Yearly Yearly Maturity

Interest to be credited to: Beneficiary name:

Account No..... By Office Cheque to the above address

Electronic Fund Transfer – A/c No..... Bank

Source of funds:

Please open a FIXED DEPOSIT Account in my/our personal sole/joint name/s as detailed above. I/We have received and read the terms and conditions for Account holders and agree to comply with them. I/We am/are aware that a copy of the tariff brochure and the Code of Banking Practice are available at the branch for my/our perusal. In addition, there are other specific terms and conditions applicable to particular types of account. Copies of such terms & conditions are available at any branch of the bank. These terms and conditions are to be governed by and construed in accordance with the laws of Mauritius.

If ever I/we **encash the deposit before maturity** and the Bank is agreeable to such request, the rate applicable will be the prevailing rate for the period for which the deposit has been held with the bank less 1% penalty (0.50% in case of Foreign Currency); and I/we encash the deposit before maturity within 3 months from the date the bank accepted the deposit, no interest shall be paid to me/us.

I/We am/are aware that following the enforcement of the Financial Intelligence and Anti-Money Laundering Act 2002, financial institutions must take such measures as are reasonably necessary to ensure that neither they nor any service offered by them are capable of being used by a person to commit or to facilitate the commission of a money laundering offence. As such, I/we certify that the money remitted to this account now is not proceeds of any economic crime or money laundering activity.

I/We hereby declare that the information in the CUSTOMER PERSONAL DETAILS FORM dated has not been changed.

(In case of changes, please specify below supported by documentary evidence)

.....

Condition of payment in case of Joint Account:

Payable to [FORMER OR SURVIVOR / EITHER OR SURVIVOR / JOINTLY (i.e.Both to sign), please specify].

DATE:/...../.....

SIGNATURE/S

FORBANKUSEONLY

CUST ID:

Input by

Verified by

Approved by

NAME:

NAME:

NAME: