

This form can be filled in on a computer; alternatively please print and complete fields in CAPITAL letters using black ink and tick ( ✓ ) where appropriate.

**1. General Information**

Legal Entity Name:

Customer Number

Business Registration Number (BRN):

**2. Change in Mailing Address & Contact Details**

Mailing Address (If any change in Mailing address):

Street & city

**Contact Person**

Phone Number:  Fax Number:

Email:

Maximum 40 characters

**3. Change in Entity structure**

Have there been any changes in the Entity structure?  Yes  No

Please provide an updated extract of file.

Has there been any change in your business activity?  Yes  No

Please complete table below.

**Expected Account Activity**

Currency: <input type="text"/>	Period					
	Year 1		Year 2		Year 3	
Estimated Annual Revenue	<input type="text"/>		<input type="text"/>		<input type="text"/>	
Estimated Number & Value of Transactions (Monthly)	Inflows		Outflows			
	Numbers	Value	Numbers	Value		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

**4. Tax Residency Status**

Jurisdiction(s) of Residence for Tax Purposes	TIN	Alternate Identification Type	Alternate Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: TIN means Tax Identification used by the receiving tax administration to identify the individual Account Holder.

## 5. Entity Classification (For FATCA/CRS PURPOSES)

I hereby confirm that the entity or organisation identified above is either:

- (a) an Active NFFE for FATCA purposes; or
- (b) an Active NFE for CRS purposes; or
- (c) a Passive NFFE for FATCA purposes; or
- (d) a Passive NFE for CRS purposes; or
- (e) both an Active NFFE for FATCA purposes and an Active NFE for CRS purposes; or
- (f) both a Passive NFFE for FATCA purposes and a Passive NFE for CRS purposes.

Please complete section 6 for each of your controlling persons who holds more than 20% ownership.

Note:

"NFFE" means Non-Financial Foreign Entity

"NFE" means Non-Financial Entity

## 6. Entity Certification

Controlling Persons	Address	Tax Residence(s) <small>List all</small>	TIN(s) <small>Provide all</small>	Alternate Identification Type	Alternate Identification Number	Date of Birth <small>(dd/mm/yyyy)</small>	Controlling Person's status
1.							
2.							
3.							

Note:

- The Mauritius Commercial Bank Limited may request for further information and/or documents, deemed necessary, to complete its due diligence process from a risk based approach.
- If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatories

If no TIN is available, please provide the appropriate reason by ticking one of the boxes below and kindly submit an Alternate Identification Number (e.g. social security number/ national insurance number/ citizen or personal identification code or number/ resident registration number) specifying the type thereof.

The country where the controlling person is liable to pay tax does not issue TINs to its residents.

Any other reason, please specify:

In the event that any one of the controlling persons confirms that he has no residence for tax purposes, he will be required to provide a reasonable explanation and the relevant supporting documentation thereof.

## 7. Beneficial Owner Declaration

In line with the mandatory AML/CFT provisions of the Financial Intelligence and Anti-Money Laundering Act 2002, the Financial Intelligence and Anti-Money Laundering Regulations 2018, the Bank of Mauritius Guideline on Anti-Money Laundering and Combating the Financing of Terrorism and Proliferation 2020 and the Financial Services Commission Anti-Money Laundering and Combating the Financing of Terrorism Handbook 2020 (as amended from time to time):

I/We\* herein acting on behalf of the above-named Customer hereby declare that the beneficial owner(s) of the Customer (i.e. individual(s) who ultimately own(s) or effectively control(s) the Customer, irrespective of shareholding) is/are as follows:

**Details of Beneficial Owner(s)** (Please provide details on beneficial owner(s) who own or have an effective interest of 20% or more)

First Name	Last Name	National ID/ Passport Number	Current Permanent Residential Address	Nationality	Company Title/ Capacity at level of Entity/ Legal Arrangement	Effective Interest (%)

Initials: \_\_\_\_\_


- Note:
1. The Mauritius Commercial Bank Limited may request for further information and/or documents, deemed necessary, to complete its due diligence process from a risk based approach.
  2. If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatories.

**CUSTOMER DECLARATIONS**

I/We\* hereby undertake to promptly inform MCB Ltd. of any change in the name, shareholding, signatories, email address, telephone number(s) and/or any relevant changes. It is understood and agreed that MCB Ltd. disclaims all liability for any damage and/or loss arising, whether directly or indirectly, with the sending of communications/notifications through the above means.

I/We\* certify that the above information is true and accurate and all documents provided are genuine.

I/We\* undertake to inform MCB Ltd. within 30 days should any certification on this statement become incorrect or incomplete.

I/We\* hereby declare that I/we\* am/are\* perfectly aware of the risks inherent to the implementation of the instructions and the emailing of the documents being sent to impersonated email addresses and/or wrong recipients and thereby becoming known to third parties, and I/we\* agree to bear the consequences thereof.

I/We\* certify that the above information is true and accurate. I/We\* also authorise MCB Ltd. to verify the information provided and to make such enquiries as it deems necessary and update our bank records accordingly. I/We\* hereby undertake to promptly inform MCB Ltd. of any change as regards any change of personal and contact details.

By signing below, I/we\* acknowledge that The Mauritius Commercial Bank Ltd. ("MCB Ltd.") has recommended that I/we\* seek independent legal and/or professional advice before signing this document and I/we\* have read and understood the Terms and Conditions (copy of which has been handed over to me) relative to the opening and operation of the above-mentioned account and agree to be bound by them.

The present authorisation shall remain valid until **written** revocation by me/us\*.

I/We\* represent and warrant that I/we\* have complied with all relevant laws in force in the Republic of Mauritius or any other applicable jurisdiction. Notices and other communications under the present contract shall be sent by post/email\*, as strictly requested by me/us\*, to the mailing/email\* address set out above.

I/We\* authorise MCB Ltd. to provide information contained in the form and information regarding the account holder/Beneficial Owner and any accounts maintained by MCB Ltd., directly or indirectly, to domestic and/or overseas tax authorities, as may be required pursuant to intergovernmental agreements to exchange financial account information and/or the Tax Regulations.

**As signatory(ies), I/we\* acknowledge that I/we\* have read and understood all the provisions of the Terms and Conditions Governing Data Protection and Processing, accessible on MCB website.**

**Please sign below:**

Authorised Signature as per Acts and Deeds



Signature:

Name:

Signature:

Name:

Date:  /  /  (dd/mm/yyyy)

Signature:

If more than one signature needed

Name:

Signature:

If more than three signatures needed

Name:

\* Strike out and initial as appropriate

**FOR BANK USE ONLY**

KYC Doc collected and certified

Checked By:

Signature:

Signature Code:

Date:

 /  /  (dd/mm/yyyy)