

NEW ACCOUNT OPENING - CORPORATE

Business Category: Others please specify: **SECTION A: CUSTOMER INFORMATION****ENTITY NAME****BUSINESS DETAILS**Business Registration Number: Incorporation Number: Incorporation Date: Country of Incorporation: **CONTACT DETAILS**

Registered Office Address:

P.O Box: Country: Correspondence Address: *(if different from Registered Office Address)*P.O Box: Country: Physical Address: *(if different from Registered Office Address)*Country: **SECTION B: COMPANY FACTSHEET**Business Activity:

| List of Subsidiaries | Country of Incorporation |
|----------------------|--------------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Note: In case of more than three subsidiaries, please use a separate sheet.

Company Website: Number of Employees: Beneficiary Owner: Ultimate Beneficial Owner (UBO): Source of Funds: UBO/Shareholders Source of Accumulated Wealth: UBO/Shareholders Nationality / Country of Residence:

| 3 years forecast of business | Year 1 | Year 2 | Year 3 |
|---------------------------------------|--------|--------|--------|
| Inflow on account | | | |
| Currency | | | |
| Initial deposit | | | |
| Trading / Dividend / Other income | | | |
| Loan from shareholder / Related party | | | |
| Consultancy fees | | | |
| Outflow on account | | | |
| Expenses | | | |
| Investment | | | |
| Loan to shareholder/Related party | | | |
| Net cash | | | |

Monthly inflow and outflow details by currency

| Currency | Total Value of Inflows | Total Number of Inward Transactions | Total Value of Outflows | Total Number of Outward Transactions |
|----------|------------------------|-------------------------------------|-------------------------|--------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

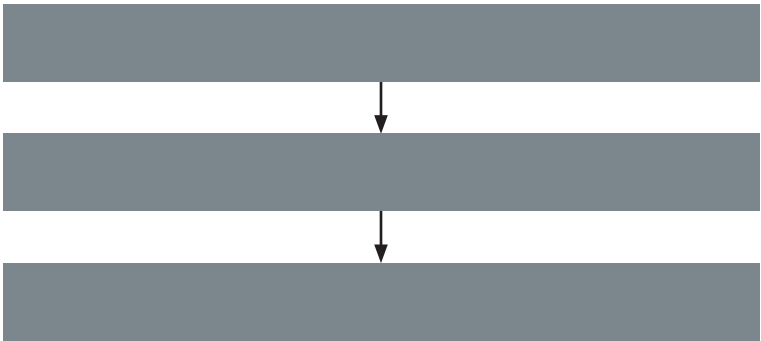
List of Current Counterparties

| | Counterparties | Countries |
|---------|----------------|-----------|
| Inward | | |
| Outward | | |

STRUCTURE CHART

Please note that you are required to provide a structure chart with the percentage shareholding. Below is a sample of the structure chart that you may use. Should the chart be a complex one, kindly provide it separately.

Structure Chart



SECTION C: DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP (UBO)

We confirm that: *(Tick one of the relevant boxes):*

- ☐ The natural person(s) listed in the table below is/are the Beneficial Owner(s) who exercise/s ultimate control over the above named entity
- ☐ The natural person(s) listed in the table below is/are the Senior Managing Official(s) who exercise/s ultimate control over the above named entity.

| SN | Full Name | Nationality | Residential Address | NIC/Passport No. | Controlling Ownership Interest (%) |
|----|-----------|-------------|---------------------|------------------|------------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

We undertake to notify Bank One Limited, without delay, of any changes impacting the Beneficial Ownership and/or the Senior Managing Officials of the above-named entity.

Legal Person:
(a) means any entity, other than a natural person; and
(b) includes a company, a foundation, an association, a limited liability partnership or such other entity as may be prescribed;
Legal Arrangement means an express trust or any other similar arrangement;
Senior Managing Officials means senior management.

SECTION D: SPECIMEN SIGNATURE CARD

Name:

Capacity:

PLEASE SIGN IN THE MIDDLE OF THE BOX

Name:

Capacity:

PLEASE SIGN IN THE MIDDLE OF THE BOX

Name:

Capacity:

PLEASE SIGN IN THE MIDDLE OF THE BOX

Name:

Capacity:

PLEASE SIGN IN THE MIDDLE OF THE BOX

Name:

Capacity:

PLEASE SIGN IN THE MIDDLE OF THE BOX

Name:

Capacity:

PLEASE SIGN IN THE MIDDLE OF THE BOX

Authenticated by:

Capacity:

Signature:

Date:

Note: The specimen signature can be authenticated by any of the following: Eligible Introducers, Company Secretary, Consulates, Notaries, Certified Accountants, Lawyers or Solicitors with an apostille.

SECTION E: TAX RESIDENCY INFORMATION

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) - CORPORATE ACCOUNT

Indicia of US status

Please confirm entity’s FATCA status by selecting Yes or No:

| | |
|---|----------------------|
| Is the entity incorporated in US? | <input type="text"/> |
| Is shareholder/ultimate beneficial owner/controlling person* of the entity a US citizen or resident? (20 percent ownership threshold is required for determining a substantial U.S. owner) | <input type="text"/> |
| Does the entity have a current US residence or mailing address? | <input type="text"/> |
| Does the entity have current US telephone number? | <input type="text"/> |
| Does the entity have standing instructions to pay amounts from the account to an account maintained in the United States? | <input type="text"/> |
| Does entity 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? | <input type="text"/> |
| Does entity receive any gross proceeds from the sale or other disposition of any property of a type which can produce interest or dividends from sources within the United States? | <input type="text"/> |

| | | | |
|---------------------------|----------------------|-----------------------------------|----------------------|
| Country of tax residency: | <input type="text"/> | Tax Identification Number (TIN)*: | <input type="text"/> |
|---------------------------|----------------------|-----------------------------------|----------------------|

If no TIN available, please state why*

If you have selected the second option, kindly explain why

The entity’s FATCA status:

SUBSTANTIAL U.S. OWNERS (20%) / CONTROLLING PERSONS* THAT ARE SPECIFIED U.S. PERSONS

| Name | Address | Tax Identification Number (TIN)* |
|----------------------|----------------------|----------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

SECTION F: ENTITY TAX RESIDENCY SELF-CERTIFICATION (CRS)

A. Is the Entity a tax resident in Mauritius?:

☐

B. Is the Entity a tax resident in any other country?:

☐(If "Yes" is selected in B. above, please fill in the **Entity tax residency self-certification form**)

ENTITY'S CRS STATUS

a. **Financial Institution** - Investment Entity

i. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution

(Note: if ticking this box please also complete Part 2(h) below)

☐

ii. Other Investment Entity

☐b. **Financial Institution** - Depository Institution, Custodial Institution or Specified Insurance Company☐

c. Active NFE - a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation

☐If you have **ticked (c)**, 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 (c)** is a Related Entity of:d. **Active NFE** - a Government Entity or Central Bank☐e. **Active NFE** - an International Organisation☐f. **Active NFE** - other than (c)-(e) (for example a start-up NFE or a non-profit NFE)☐g. **Passive NFE** (Note: if ticking this box please also complete Part (h) below)☐

h. If you have ticked (a)(i) or (g) above, then please:

Indicate the name of any **Controlling Person(s)** of the Account Holder:

COUNTRY/JURISDICTION OF TAX RESIDENCE AND TIN

If a TIN is unavailable please provide the appropriate reason **A, B or C where appropriate:****Reason A** - The country where the entity is liable to pay tax does not issue TINs to its residents**Reason B** - The entity is otherwise unable to obtain a TIN or equivalent number (Please explain in the below table if this reason has been selected)**Reason C** - No TIN is required. (Note. Only select this reason if the authorities of the Entity's country(ies) of tax residence do not require the TIN to be disclosed)

| Country of Tax Residence | TIN | If no TIN available, enter Reason A, B or C | If you have selected Reason B, explain why |
|--------------------------|-----|---|--|
| | | | |
| | | | |
| | | | |

If the Entity is tax resident in more than three countries/jurisdictions, please use a separate sheet.

NEW ACCOUNT OPENING - CORPORATE

BRN: C07040612

BANK ONE

BKONE071/2023

SECTION G: ACCOUNT DETAILS

| Account Type | Currency | Others (please specify) | Initial Deposit | Source of funds for Initial Deposit | Purpose of account opening |
|--------------|----------|----------------------------|-----------------|-------------------------------------|----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SECTION H: OTHER SERVICES

H.1 E-document

SWIFT copy delivery ☐ Registered email address:

H.2 Chequebook request (Applicable for Current accounts in Mauritian Rupees only)

Please supply the company with chequebook/s of leaves.

The chequebook/s will be collected at: branch/department.

H.3 Internet Banking Application

Please define your Corporate Administrator

| | | | |
|---|--|--|-------------------------------------|
| Corporate Administrator 1 | | | |
| Full Name as per MU NIC/Passport | | | |
| First Name: <input type="text"/> | Middle Name (optional): <input type="text"/> | Last Name: <input type="text"/> | |
| Title | User Role | Authoriser's Limit | Category (e.g. A, B, C) |
| <input type="text"/> | <input type="checkbox"/> Create Payment <input type="checkbox"/> Create and Authorise Payment | Amount: <input type="text"/> Currency: <input type="text"/> | <input type="text"/> |
| MU NIC/Passport Number | <input type="text"/> | | |
| Mobile Number | <input type="text"/> <input type="text"/> | | |
| Email Address | <input type="text"/> | | Date of Birth: <input type="text"/> |
| Allow access to all accounts: | <input type="text"/> | | |

NEW ACCOUNT OPENING - CORPORATE

BRN: C07040612

BANK ONE

BKONE071/2023

| | | | |
|---|--|--|-------------------------------------|
| Corporate Administrator 2 | | | |
| Full Name as per MU NIC/Passport | | | |
| First Name: <input type="text"/> | | Middle Name (optional): <input type="text"/> | Last Name: <input type="text"/> |
| Title | User Role | Authoriser's Limit | Category (e.g. A, B, C) |
| <input type="text"/> | <input type="checkbox"/> Create Payment <input type="checkbox"/> Create and Authorise Payment | Amount: <input type="text"/> Currency: <input type="text"/> | <input type="text"/> |
| MU NIC/Passport Number | <input type="text"/> | | |
| Mobile Number | <input type="text"/> <input type="text"/> | | |
| Email Address | <input type="text"/> | | Date of Birth: <input type="text"/> |
| Allow access to all accounts: | <input type="text"/> | | |

| | | | |
|---|--|--|-------------------------------------|
| Corporate Administrator 3 | | | |
| Full Name as per MU NIC/Passport | | | |
| First Name: <input type="text"/> | | Middle Name (optional): <input type="text"/> | Last Name: <input type="text"/> |
| Title | User Role | Authoriser's Limit | Category (e.g. A, B, C) |
| <input type="text"/> | <input type="checkbox"/> Create Payment <input type="checkbox"/> Create and Authorise Payment | Amount: <input type="text"/> Currency: <input type="text"/> | <input type="text"/> |
| MU NIC/Passport Number | <input type="text"/> | | |
| Mobile Number | <input type="text"/> <input type="text"/> | | |
| Email Address | <input type="text"/> | | Date of Birth: <input type="text"/> |
| Allow access to all accounts: | <input type="text"/> | | |

Please define your Users

| | | | |
|---|---|---|--|
| User 1 | | | |
| Full Name as per MU NIC/Passport | | | |
| First Name: <input type="text"/> | | Middle Name (optional): <input type="text"/> | Last Name: <input type="text"/> |
| Title | User Role | Authoriser's Limit | Category (e.g. A, B, C) |
| <input type="text"/> | <input type="checkbox"/> View Only <input type="checkbox"/> Create Payment | <input type="checkbox"/> Authorise Payment <input type="checkbox"/> All Access | Amount: <input type="text"/> Currency: <input type="text"/> |
| MU NIC/Passport Number | <input type="text"/> | | |
| Mobile Number | <input type="text"/> <input type="text"/> | | |
| Email ID | <input type="text"/> | | Date of Birth: <input type="text"/> |
| Allow access to all accounts: | <input type="text"/> | | |

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BRN: C07040612

BKONE071/2023

User 2

Full Name as per MU NIC/Passport

First Name: Middle Name (optional): Last Name:

| Title | User Role | Authoriser's Limit | Category (e.g. A, B, C) |
|-------|---|--------------------|-------------------------|
| | <input type="checkbox"/> View Only <input type="checkbox"/> Authorise Payment | Amount: | |
| | <input type="checkbox"/> Create Payment <input type="checkbox"/> All Access | Currency: | |

MU NIC/Passport Number

Mobile Number

Email ID

Date of Birth:

Allow access to all accounts:

User 3

Full Name as per MU NIC/Passport

First Name: Middle Name (optional): Last Name:

| Title | User Role | Authoriser's Limit | Category (e.g. A, B, C) |
|-------|---|--------------------|-------------------------|
| | <input type="checkbox"/> View Only <input type="checkbox"/> Authorise Payment | Amount: | |
| | <input type="checkbox"/> Create Payment <input type="checkbox"/> All Access | Currency: | |

MU NIC/Passport Number

Mobile Number

Email ID

Date of Birth:

Allow access to all accounts:

User 4

Full Name as per MU NIC/Passport

First Name: Middle Name (optional): Last Name:

| Title | User Role | Authoriser's Limit | Category (e.g. A, B, C) |
|-------|---|--------------------|-------------------------|
| | <input type="checkbox"/> View Only <input type="checkbox"/> Authorise Payment | Amount: | |
| | <input type="checkbox"/> Create Payment <input type="checkbox"/> All Access | Currency: | |

MU NIC/Passport Number

Mobile Number

Email ID

Date of Birth:

Allow access to all accounts:

If any of the corporate administrator(s) or user(s) is not be allowed access to all accounts, please indicate any specific instructions.

GROUP/LINK COMPANIES

Name of Entity:

Customer Identification File (CIF):

APPROVAL MATRIX

(This section refers to complex approval matrix that must be set up at the Bank’s level and not at the Corporate Administrator’s level.)

Define the authorisation matrix in line with your approval process and authoriser limits. Group your authorisers into categories before assigning group limits. The internet banking approval profile can be different from the physical Bank signing instructions held with the Bank; however, this must be supported by the provision of a duly presented board resolution and respective Know Your Customer (KYC) documents of all the authorisers to the Bank.

Should you have more complex requirements for approval matrix, please talk to us.

| | Authorisation combination | Authorisation limits | Apply to all accounts or specific account/s below |
|--------------------------|---------------------------|----------------------|---|
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Special instructions/Additional details

SECTION I: CALL BACK DISCLAIMER

In order to fulfill its risk management requirement, I/we acknowledge that Bank One Limited ("the Bank") regularly calls back its customers in order to confirm genuineness of transaction request/s or account maintenance request/s or any other instruction/s ("Request/s") received in any written form, including but not limiting to correspondence letter, mobile text message (SMS), facsimile transmission (fax), email correspondence and any other mode of electronic communication.

CALL BACK NOMINEES

I/We, the undersigned authorised holder/s or the authorised signatory/ies of the above mentioned entity hereby authorise the Bank to confirm genuineness of any Request/s by phoning any of the following designated person/s:

| Name/s | Phone Number | Email address | NIC/Passport No. |
|--------|--------------|---------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Note: Each nominee must complete the Questionnaire for Identification of Nominees

REQUEST INITIATION CHANNEL

I/We, the undersigned authorised holder/s or the authorised signatory/ies of the above mentioned entity hereby confirm that the entity will initiate Request/s through any of the above mentioned channel/s, unless otherwise stated:

EMAIL CONFIRMATION

Note: Applicable only if email channel is used to send Request/s

I/We, the undersigned authorised holder/s or the authorised signatory/ies of the above mentioned account/s hereby agree that the Bank may act upon any Request/s which is/are received from the email address/es listed below:

COMMENTS

SECTION J: CUSTOMER DECLARATION

By signing the present Declaration,
I/We hereby acknowledge having received, read, and understood all the Terms & Conditions relative to the opening and operation of above mentioned products and services, available on the Bank's website (www.bankone.mu) (hereinafter referred to as the "Terms & Conditions") and which may be amended from time to time.
Such Terms and Conditions have been explained to me/us and I/We fully agree to be bound by them and acknowledge that the Bank may amend same from time to time.

☐ I/We agree that my/our personal information may be used for marketing purposes. I/We agree to receive emails and/or SMS from the Bank and I/we understand that I/we may opt out of the Bank's subscriptions of emails and/or SMS at any time.

AUTHORISED SIGNATORIES

| | | | |
|------------|----------------------|------------|----------------------|
| Full Name: | <input type="text"/> | Full Name: | <input type="text"/> |
| Signature: | <input type="text"/> | Signature: | <input type="text"/> |
| Date: | <input type="text"/> | Date: | <input type="text"/> |
| Capacity: | <input type="text"/> | Capacity: | <input type="text"/> |

The form should be signed in accordance with the Board Resolution

For Office Use Only:

| | |
|---------------|----------------------|
| LOB: | <input type="text"/> |
| RM Name: | <input type="text"/> |
| 1st reviewer: | <input type="text"/> |
| 2nd reviewer: | <input type="text"/> |