



ACCOUNT OPENING FORM - RETAIL

ACCOUNT DETAILS

Type of currency required ☐ MUR ☐ EUR ☐ GBP ☐ USD Other currency:

Account No.

TYPE OF ACCOUNTS/ SERVICES

I/ We wish to open the following account(s)/avail of the following products/services

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Go Savings Account | <input type="checkbox"/> Premier Account | <input type="checkbox"/> Junior Account |
| <input type="checkbox"/> Senior Account | <input type="checkbox"/> Current Account | <input type="checkbox"/> Optimum + | <input type="checkbox"/> Debit Card |
| <input type="checkbox"/> E-Banking | <input type="checkbox"/> E-Statement | <input type="checkbox"/> FCY Account | <input type="checkbox"/> Cheque Book Request |
| <input type="checkbox"/> Passbook | | | |

APPLICANT 1

CIF TIN

New Customer ☐ Yes ☐ No

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Other

Surname

First Names Maiden Name

Date of Birth NIC

Birth Certificate No.

Passport No. (Foreigner) Date of Issuance

Residential status ☐ Mauritian Resident ☐ Foreigner Resident ☐ Mauritian Non-Resident ☐ Foreigner Non-Resident

Place of Birth Nationality

Permanent Address

Mailing Address
(if different from above)

Utility bill in own name
(if not, please specify relationship)

Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐ Other

E-mail Address

Statement Delivery
(Paper or Electronic)

Contact Details:

Home	Mobile	Office	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address
(if different from above)

Occupation

Employer's Name

Employer's Address

Line of Business Years in Business

Monthly income Expected Monthly Turnover Initial Amount Deposit

Purpose of account Source of funds

APPLICANT 2

CIF	<input type="text"/>			TIN	<input type="text"/>							
New Customer	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No								
Title	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other				
First Names	<input type="text"/>			Surname	<input type="text"/>							
Date of Birth	<input type="text"/>			Maiden Name	<input type="text"/>							
Birth Certificate No.	<input type="text"/>			NIC	<input type="text"/>							
Passport No. (Foreigner)	<input type="text"/>			Date of Issuance	<input type="text"/>							
Residential status	<input type="checkbox"/>	Mauritian Resident	<input type="checkbox"/>	Foreigner Resident	<input type="checkbox"/>	Mauritian Non-Resident	<input type="checkbox"/>	Foreigner Non-Resident				
Place of Birth	<input type="text"/>			Nationality	<input type="text"/>							
Permanent Address	<input type="text"/>											
Mailing Address <small>(if different from above)</small>	<input type="text"/>											
Utility bill in own name <small>(if not, please specify relationship)</small>	<input type="text"/>											
Marital Status	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Other
E-mail Address	<input type="text"/>											
Statement Delivery <small>(Paper or Electronic)</small>	<input type="text"/>											
Contact Details:	Home			Mobile			Office			Fax		
	<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>		
Mailing Address <small>(if different from above)</small>	<input type="text"/>											
Occupation	<input type="text"/>											
Employer's Name	<input type="text"/>											
Employer's Address	<input type="text"/>											
Line of Business	<input type="text"/>			Years in Business	<input type="text"/>							
Monthly income	<input type="text"/>		Expected Monthly Turnover	<input type="text"/>		Initial Amount Deposit	<input type="text"/>					
Purpose of account	<input type="text"/>			Source of funds	<input type="text"/>							

JUNIOR ACCOUNT

CIF	<input type="text"/>			TIN	<input type="text"/>			
New Customer	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
Title	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Miss				
First Names	<input type="text"/>			Surnames	<input type="text"/>			
Date of Birth	<input type="text"/>			NIC	<input type="text"/>			
Birth Certificate No.	<input type="text"/>							
Passport No. (Foreigner)	<input type="text"/>			Date of Issuance	<input type="text"/>			
Residential status	<input type="checkbox"/>	Mauritian Resident	<input type="checkbox"/>	Foreigner Resident	<input type="checkbox"/>	Mauritian Non-Resident	<input type="checkbox"/>	Foreigner Non-Resident
Place of Birth	<input type="text"/>			Nationality	<input type="text"/>			
Permanent Address	<input type="text"/>							
Mailing Address <small>(if different from above)</small>	<input type="text"/>							

Utility bill in own name <small>(if not, please specify relationship)</small>	<input type="text"/>			
E-mail Address	<input type="text"/>			
Statement Delivery <small>(Paper or Electronic)</small>	<input type="text"/>			
Contact Details:	Home	Mobile	Office	Fax
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address <small>(if different from above)</small>	<input type="text"/>			
Occupation	<input type="text"/>			
Employer's Name	<input type="text"/>			
Employer's Address	<input type="text"/>			
Line of Business	<input type="text"/>	Years in Business	<input type="text"/>	
Monthly income	<input type="text"/>	Expected Monthly Turnover	<input type="text"/>	Initial Amount Deposit
				<input type="text"/>

MODE OF OPERATION (Applicable for Joint and Junior Accounts)

Please tick as appropriate the mode of operation for the above selected account(s) to be opened.

- ☐ Joint Account operated by any of the account holder (Either to sign)
- ☐ Individual Account

We hereby confirm and agree that EITHER of us shall operate/ transact or withdraw any sum from the account(s) from time to time or any time. EITHER of our signatures on any acknowledgment receipt(s), or in any other document(s) whatsoever given to you is a valid and effective discharge to you in respect of all funds and matters relating to our account(s) with the bank.

- ☐ Joint Account operated by more than one account holder (Both or more to sign)
- ☐ Junior Account

- Operated by Parent/ Legal Guardian Mr/Ms
- until majority date

We also authorise the bank as follows:

- to open or continue (as the case may be) any account(s) in our joint names (as referred above) any of us may direct and to close any account(s) so opened or continued or subsequently opened as (referred above) any of us may indicate.
- to place to the credit of any account(s) in our joint names all amounts, including dividends, interests and capital sums from securities or proceed of cheques or bills received or collected by you for the credit of any of us.
- to honour and comply with all cheques, promissory notes and other orders drawn and all bills accepted on our behalf and re-signed by (referred above) any of us.

<input type="text"/>	
Signature	
Name	<input type="text"/>
Date	<input type="text"/>

<input type="text"/>	
Signature	
Name	<input type="text"/>
Date	<input type="text"/>

SURVIVORSHIP CLAUSE (Applicable for Joint Accounts only)

Joint Account operated by any of the account holder (Either to sign)

Upon the demise of any of one of the account holders, any credit balance shall be held in the name of the surviving joint account holder(s) for the latter to exercise full control over the existing balance;

Signature	Signature
Name	Name
Date	Date

I/We hereby confirm that the details and information given by me/us in support of the present application are true and correct. By signing this application, I/we hereby acknowledge having taken cognizance of ABC Banking Corporation Ltd's account opening terms and conditions which shall form part of and be read in conjunction with this account opening form.

I/We are fully aware of the provisions applicable under the Financial Intelligence and Anti Money Laundering Act 2002 and the Prevention of Corruption Act 2002. All source of funds and purpose of transactions will be accurately and fully declared and I/we shall comply with all anti-money laundering laws and regulations in force and undertake not to use or allow my/our account to be used for any illegal, unlawful activity or for the laundering of money.

I/We acknowledge, understand and agree that ABC Banking Corporation Ltd shall for the performance of its obligations hereunder, collect, gather, use, store and where necessary, process/or disclose, personal data/ information hereby voluntarily communicated by me/us. The lawful processing of personal data is conducted in strict compliance with the Data Protection Act 2017, as may be determined and amended from time to time, for specified, explicit and legitimate purposes.

I/We hereby agree and consent that ABC Banking Corporation Ltd or any third-party or third-party service provider, as appointed by the bank (located in or outside Mauritius jurisdiction), from time to time, may use, share maintain, process or store any of my/our personal data obtained and/or collected during the opening and continuation of my/our account, even after the closure of my/our account (s) for administrative, legal and/or other regulatory purposes.

I/ We understand and acknowledge that ABC Banking Corporation Ltd may be required to store or share my/ our personal data with third parties for the purposes of providing its services. I/We hereby consent to the storage or sharing of my/our personal data in the following circumstances:

- Where a third party service provider is providing a service to ABC Banking Corporation Ltd;
- To regulatory and investigating bodies;
- To credit reference or fraud or money laundering prevention or detection agencies;
- Where required or permitted by an order of a court or under any law or regulation.

I/We authorize the Bank to make any independent verification of any data provided in accordance with your normal procedures in connection with this application, including but not limited to a reference from banks with whom I/we already maintain a Trelationship

Applicant No.1 Signature	Applicant No.2 Signature
Name	Name
Date	Date

SPECIMEN SIGNATURE

SIGNATURE DETAILS

Signature box

Please sign in the middle of the box

Name

CIF

Date

Signature box

Please sign in the middle of the box

Name

CIF

Date

BRANCH SEAL

Office Use Only

Customer on caution list

☐ Yes ☐ No

Customer on blacklist

☐ Yes ☐ No

Worldcheck

☐ Yes ☐ No

We certify having perform KYC due diligence on above customer(s)

BOM Sector

BOM Sub-sector

Customer Risk Category

Relationship Manager

Relationship Manager Code

Processed by

Name

Job Title

Date

Verified by

Name

Job Title

Date