

# SBM

## STATE BANK OF MAURITIUS LTD. INDIAN OPERATIONS

(FOR OFFICE USE ONLY)

Date of A/c Opening :

Account No. :

Customer ID No. :

Branch Code :

Date :

### PERSONAL BANKING (FOR RESIDENT INDIVIDUALS)

Branch : \_\_\_\_\_

Please fill all the details in **CAPITAL LETTERS** only and use **BLACK INK** for Signatures. Please leave one blank box between two words.

Tick (✓) the appropriate boxes. FIELDS WITH \* (STAR) ARE NOT MANDATORY.

#### Personal Details :

Customer Type :  Staff  Senior Citizen  Minor  Others : \_\_\_\_\_

Name :  Mr.  Ms.  Mrs.  Dr.  Other : \_\_\_\_\_

F I R S T \_\_\_\_\_ M I D D L E \_\_\_\_\_ S U R N A M E \_\_\_\_\_

Name of Father / Husband / Guardian :  Mr.  Ms.  Mrs.  Dr.  Other : \_\_\_\_\_

F I R S T \_\_\_\_\_ M I D D L E \_\_\_\_\_ S U R N A M E \_\_\_\_\_

Date of Birth :           Gender :  Male  Female  Others Nationality : \_\_\_\_\_

Mother's Maiden Name :           Marital Status :  Married  Unmarried  Others

#### Correspondence Address (Current Residential) :

Landmark/Street :

City:           PIN:     State:

Telephone :           Mobile:

Email ID :

#### Permanent Address :

Same as Correspondence Address :

Landmark/Street :

City:           PIN:     State:

Telephone :           Mobile:

#### Additional Details (Please tick wherever applicable)

Income : \_\_\_\_\_  Monthly  Annually **Assets (approximate value) : Rs.** \_\_\_\_\_

\*Religion :  Hindu  Muslim  Christian  Sikh  Others \_\_\_\_\_

\*Category :  General  OBC  SC  ST  Others \_\_\_\_\_

Educational Qualification :  Under-Graduate  Graduate  Post Graduate  Others \_\_\_\_\_

Occupation Type:  Salaried  Self-employed  Business  Retired  Student  Housewife  Others \_\_\_\_\_

Organization's Name : \_\_\_\_\_ \*Designation/Profession : \_\_\_\_\_

Income Tax PAN            OR Form No. 60/61

Vehicle :  Car  Two-wheeler  Other \_\_\_\_\_

Life Insurance Value :  Upto 2 lakhs  Upto 5 lakhs  Above 5 lakhs

Existing Loans :  Car Loan  Home Loan  Personal Loan  Education Loan  Business/Agriculture

House :  Ancestral  Owned  Rented  Employers

**Note : This form needs to be filled separately by each applicant in case of joint account.**

# SBM

STATE BANK OF MAURITIUS LTD.  
INDIAN OPERATIONS

I / We hereby apply for a Relationship with your bank under which I / We have access to all products as selected by me / us :

**Savings :**  General A/c.  Senior Citizen A/c.  BSBDA  Others (Please Specify) \_\_\_\_\_

**Term Deposit :**  Term deposit  Cumulative Term deposit

Principal Amount : Rs. \_\_\_\_\_ Tenure :  Months  Days Rate of Interest :

In case of Term Deposit, Interest payout :  Monthly  Quarterly  Half Yearly  Yearly

**Maturity Instructions for Term Deposit :**

Auto renew# Principal only  Repay Principal & Interest  
 Auto renew# both Principal & Interest  Repay Interest  
 Auto renew# for Rs. \_\_\_\_\_  Repay Principal of Rs. \_\_\_\_\_  
 Auto renew# for period \_\_\_\_\_ Months \_\_\_\_\_ Days

**Payment instructions (Maturity Proceeds/Residual Amount)**

By credit to my bank a/c no. \_\_\_\_\_ with you  
 By RTGS / NEFT trf to my bank a/c no. \_\_\_\_\_ with \_\_\_\_\_  
IFSC No. \_\_\_\_\_  
 By Banker's Cheque / Demand Draft

#Renewal will be done at prevailing interest rate on the date of renewal.

**Recurring Deposit :**

Instalment Amount Rs. \_\_\_\_\_ Tenure :  Months  Days Rate of Interest :

I/We authorise to debit my A/c. No. \_\_\_\_\_ on \_\_\_\_\_ of the month

**Payment instructions (Maturity Proceeds) for Recurring Deposit :**

By credit to my bank a/c no. \_\_\_\_\_ with you  
 By RTGS / NEFT trf to my bank a/c no. \_\_\_\_\_ with \_\_\_\_\_ IFSC No. \_\_\_\_\_  
 By Banker's Cheque / Demand Draft

**Details of Applicant(s) :**

Sole/First Holder Name : \_\_\_\_\_ Customer ID No. (to be filled in by Branch) \_\_\_\_\_  
F I R S T \_\_\_\_\_ M I D D L E \_\_\_\_\_ S U R N A M E \_\_\_\_\_

Second Holder Name : \_\_\_\_\_ Customer ID No. (to be filled in by Branch) \_\_\_\_\_  
F I R S T \_\_\_\_\_ M I D D L E \_\_\_\_\_ S U R N A M E \_\_\_\_\_

Third Holder Name : \_\_\_\_\_ Customer ID No. (to be filled in by Branch) \_\_\_\_\_  
F I R S T \_\_\_\_\_ M I D D L E \_\_\_\_\_ S U R N A M E \_\_\_\_\_

**Mode of Operation :**  Single  Jointly  Either or Survivor  Anyone or Survivor  Former or Survivor  Others \_\_\_\_\_

**Account Statement :** Monthly :  By Post  E-mail **Cheque Book :**  Yes  No. If Yes, then dispatch by courier  Yes  No

TO BE FILLED BY THOSE WHO DO NOT HAVE INCOME TAX PAN NUMBER	
FORM NO. 60	FORM NO. 61
<p>[See second proviso to rule 114B] Form of declaration to be filled by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B</p> <p>1. Full name and address of the declarant _____ _____</p> <p>2. Particulars of transaction _____</p> <p>3. Amount of the transaction _____</p> <p>4. Are you assessed to tax? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. If yes, (i) Details of ward/Circle/Range where the last return of income was filed _____ (ii) Reasons for not having permanent account number : _____</p> <p>6. Details of the document being produced in support of address in column (1) _____</p>	<p>[See proviso to clause (a) of rule 114C(1)] Form of declaration to be filled by a person who has agricultural income and is not in receipt of any other income chargeable to income-tax in respect of transactions specified rule 114B</p> <p>1. Full name and address of the declarant _____ _____</p> <p>2. Particulars of transaction _____</p> <p>3. Details of the document being produced in support of address in column (1) _____</p> <p>I hereby declare that my source of income is from agriculture and I am not required to pay income-tax on any other income, if any.</p> <p>Date : _____ <input checked="" type="checkbox"/> Place : _____ <input checked="" type="checkbox"/> Signature of the declarant</p>

**VERIFICATION** (To be filled along with form 60/61)

I \_\_\_\_\_, do hereby declare that what is started above is true to the best of my knowledge and belief, verified today, the \_\_\_\_\_ day of \_\_\_\_\_

Place : \_\_\_\_\_ Date : \_\_\_\_\_  Signature of the declarant

### \* Introduction Details (only for BSBDA - small accounts) :

I, \_\_\_\_\_ having Customer ID No. \_\_\_\_\_ confirm that I am a holder of account number \_\_\_\_\_ of **State Bank of Mauritius Ltd.** for the past \_\_\_\_\_ months/years and personally know the applicant(s) for more than \_\_\_\_\_ months/years and confirm his/her/their identity and address as stated by him/her.

Date  \_\_\_\_\_ Signature of the Introducer \_\_\_\_\_ Sign verified by Bank Official \_\_\_\_\_

With **State Bank of Mauritius Ltd.** agreeing to open my Small Deposit account under liberalized KYC norms specified by RBI. I undertake to submit the required KYC documents as and when the balance or total annual transaction in my account exceed the stipulated limits in this regard. In the event of non compliance the Bank is within its rights to stop operation in account after advance notification as per RBI instructions.



\_\_\_\_\_  
Signature of the Applicant

### Details of other Accounts :

Please give the details of your other accounts in our & other Bank.

Bank	Branch	Type of Account/Facility(ies)	Account Number
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>

Date:

Place: \_\_\_\_\_

\_\_\_\_\_  
Signature/Thumb impression of depositor(s)

## FORM DA 1

Nomination under section 45Z of the Banking Regulation Act, 1949, and the Rule 2(1) of the Banking Companies (Nomination) Rules, 1985, in respect of bank deposits.

YES, I/We wish to nominate  NO, I/We do not wish to nominate any person.

I/We, \_\_\_\_\_ nominate the following person to whom in the event of my / our / minor's death the amount of the deposit, particulars whereof are given below, may be returned by **State Bank of Mauritius Ltd.**, \_\_\_\_\_ **Branch.**

### Details of Deposits :

Nature of deposit : \_\_\_\_\_ Account Number:

Additional details, if any : \_\_\_\_\_

### Details of the Nominee :

Name:  \_\_\_\_\_  \_\_\_\_\_

Relationship with the depositor: \_\_\_\_\_ Age:  Date of birth of nominee:

Address:

City:  PIN:  State:

As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum \_\_\_\_\_ (name, address and age) to receive the amount of deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Place : \_\_\_\_\_



Date : \_\_\_\_\_

\_\_\_\_\_  
Signature(s)/Thumb impression(s) of depositor(s)

\_\_\_\_\_  
Signature/Thumb impression of 1st witness\*\*

\_\_\_\_\_  
Signature/Thumb impression of 2nd witness\*\*

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\* Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

\*\* Thumb impression(s) shall be attested by two witnesses.



I/We declare, confirm and agree that all particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I/we have not withheld any information. I/we understand that certain particulars given by me/us are required by the operational guidelines governing banking companies. I/We agree and undertake to provide any further information that SBM may require.

I/We also undertake to provide any further information / updated KYC documents that SBM may require from time to time. I/We agree to indemnify SBM against any fraud, loss or damage suffered by SBM due to my/our providing of any incorrect information or failure to communicate any change in such particulars / information or provide true and updated documents.

I/We declare, confirm and agree that the transactions undertaken from this account will comply with all Regulatory rules, regulations and notifications.

I/We agree, undertake and authorize SBM to exchange, share or part with all the information, data or documents relating to my/our application to other SBM Financial Institutions/Credit Bureaus/Agencies/Statutory Bodies/Enforcement Agencies such other persons may deem necessary or appropriate as may be required for use or processing of the said information/data products by such person(s) or furnishing of the processed information/data/products thereof to other Banks/Financial Institutions/Credit Providers/Users registered with such persons and shall not hold its Group companies liable for use of this information.

I/We agree and understand that SBM reserve the right to reject any application without providing any reason. I/We agree and understand that SBM reserve the right to retain the application forms, and the documents provided therewith, including photographs and will not return the same to me/us.

I/We agree that in the case of Joint Account both the Applicant and Joint Applicant are singly and jointly liable for overdraft, if any, even if the Application cum demand Promissory Note is signed by the Applicant alone.

\_\_\_\_\_  
Signature of 1st Applicant

\_\_\_\_\_  
Signature of 2nd Applicant

\_\_\_\_\_  
Signature of 3rd Applicant

(In case of joint account holders, all account holders shall put their signature)

### FOR SBM USE ONLY :

I have met Mr./Ms. \_\_\_\_\_ Mr./Ms. \_\_\_\_\_  
and Mr./Ms. \_\_\_\_\_ (in case of joint accounts and hereby confirm the identity and address and filled in the relationship form which has been filled in my presence)

Name of the Bank Official \_\_\_\_\_

Date and Time of Meeting: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 / 

H	H	M	M
---	---	---	---

\_\_\_\_\_  
Signature of the Bank Official

- All required supporting documents furnished by the customer
- Account Opening Check List completed & attached

\_\_\_\_\_  
Officer

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Head, OPS / Manager, OPS

To:  
State Bank of Mauritius Ltd.

Dear Sir,

### REQUEST TO ACT ON E-MAIL / FACSIMILE MESSAGE

I/We hereby request and authorize you as follows:

1. Notwithstanding anything to the contrary contained in any other document / agreement, we hereby request and authorize the Bank to act and rely on any instructions or communications for any purpose (including but not limited to the instructions / communications pertaining to the operation of any and all of my/our account(s) and / or to any other facilities or services that may be provided by the Bank from time to time) which may from time to time be or purport to be given by facsimile or e-mail by me/us (including such instructions / communications as may be or purported to be given by those authorised to operate my/our account(s) with the Bank) ("Instructions").
2. I/we understand and acknowledge that there are inherent risks involved in sending the Instructions to the Bank via facsimile or e-mail and hereby agree and confirm that all risks shall be fully borne by me/us and I/we assume full responsibility for the same, and the Bank will not be liable for any losses or damages including legal fees arising upon the Bank's acting, or upon the bank's failure to act, wholly or in part in accordance with the Instructions so received.
3. In consideration of the Bank agreeing to act upon the Instructions as aforesaid, I/We hereby irrevocably agree and undertake as follows:
  - A. I/We shall be liable for any and all charges, complaints, costs, damages, demands, expenses, liabilities, and losses 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 from me/us including without limitation legal fees and disbursements reasonably incurred by the Bank.
  - B. If we wish to withdraw this authority then we shall give to the bank a notice in writing delivered to the Bank and such notice shall be effective no later than five business days after delivery to the Bank.
  - C. That the Bank shall be authorized to disclose all Instructions as the Bank may deem fit, to the Bank's affiliates, counterparties, service providers, regulators and other authorities or where the Bank are required by law to do so.
  - D. That the Bank shall be entitled to require any Instructions in any form to be authenticated as may be specified by the Bank from time to time and I/We shall ensure the secrecy and security of such password, code or test and I/We shall be solely responsible for any improper use of the same.
  - E. That notwithstanding the above, the Bank may, under circumstances determined by the Bank in its absolute discretion, require from me/us confirmation of any of any Instructions in such form as the Bank may specify before acting on the same; and I/We shall submit such confirmations to the Bank immediately upon receipt of their request. Pursuant to receipt of Instructions, the Bank shall have the right but not obligation to act upon such Instruction.

- F. The Bank, its correspondents and other financial and other financial institutions involved in processing remittances may rely on any account or identification numbers provided by me/us 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.
- G. Payment instructions executed by the Bank are irrevocable. Under certain circumstances to be exclusively determined by the Bank and without it being in any way liable however for any refusal, the Bank will on a best effort basis attempt to recall an electronic payment upon my/our instructions. However, the Bank cannot guarantee return of funds to me/us if the Bank is unable to obtain a return of funds. The Bank will credit my/our account at the Bank's quoted rate of exchange (where foreign exchange is requested by me/us on the date of such credit is made)
- H. I/We agree to pay the Bank's fees and to reimburse any deductions and for any withholding or other taxes and for any interest and penalties that may be paid by the Bank in connection with any remittances. I/We acknowledge that other financial institutions may deduct a fee for processing remittances. I/We irrevocably authorise the Bank to deduct from any of my/our account whether in India or elsewhere such amount paid.
- I. I/We acknowledge that international remittances are subject to cut off times, time zone differences and local regulations of the destination country.

The undersigned hereby jointly and severally agree that the Bank may act on any Message provided by either one of the undersigned and such Message will be binding on the others without confirmation by the Bank. The undersigned jointly and severally agree to all the conditions stated in this communication. The death or winding up of any one of the undersigned will not invalidate this communication which shall remain in effect until such time as notice of termination has been given as stated hereinabove.

X

Signature of Sole/First Applicant

(In case of joint account holders, all account holders shall put their signature)

X

Signature of 2<sup>nd</sup> Joint Holder

X

Signature of 3<sup>rd</sup> Joint Holder

### E-STATEMENT SERVICE ENROLMENT AGREEMENT

By signing below, you agree to the Terms and Conditions of this e-STATEMENT Service Enrolment Agreement.

#### **Term & Conditions:**

As used in this document the words 'you' and 'your' refer to **State Bank of Mauritius Ltd's** customer(s) and their use of the Service. The words 'we', 'our', 'SBM' and 'the Bank' refer to **State Bank of Mauritius Ltd.**

This Agreement explains the terms and conditions governing the **e-STATEMENT** offered by the bank. By using the Service, you agree to the following terms and conditions. This agreement will be governed by and construed in accordance with the laws of India. By accepting below or otherwise using the Service, you agree to use the Service only for bona fide and lawful purpose permitted under this Agreement.

1. This agreement for electronic delivery of all your periodic account statement(s), applies to all your periodic account statement(s) as provided by the bank.
2. To receive your account e-statement(s), you must have a valid e-mail address and Adobe Acrobat Reader 6.0 or above, to be able to open the PDF (Portable Document Format) file.
3. Upon enrolment, your periodic account statement(s) will be provided electronically via e-mail. You agree that from time to time the Bank may advertise its products and services through the e-STATEMENT Service.
4. The account e-STATEMENT, in PDF file, will be password protected and the password used to protect the PDF file, will be the combination of the first 3 characters of your e-mail address (in BLOCK letters) concatenated with the unique customer ID assigned to you as per our record.
5. The provision of this Service is at the Bank's discretion, and such Service may be modified, suspended, withdrawn, cancelled or discontinued by the Bank at any time. In the event of such modification, suspension, withdrawal, cancellation or discontinuance of the Service, the Bank shall notify the customer and shall revert to sending the periodic account statement(s) in paper form to the customer's last mailing address appearing on the Bank's record.
6. The customer acknowledges and agrees that the Bank shall have the right to amend any term(s) of this agreement at any time by giving such notice in writing to the customer, whether by mail, e-mail notification or otherwise or by placing prominent notices at the Bank's branches and the customer agrees to be bound by the same.
7. If you change your e-mail address, SBM should be notified by calling in person to any service unit of the Bank, by way of authenticated writing or by sending your instruction secure e-mail service, of the new e-mail address accordingly. The Bank shall not be liable for, and you hereby irrevocably release the Bank from any liability if you fail to notify the Bank in writing of any change in your e-mail address.
8. Upon receipt of the account e-STATEMENT you will be required to exercise reasonable promptness in examining the statement to determine the genuineness of transactions therein. Where, based on the account e-STATEMENT, you ought to have reasonably discovered any discrepancy or unauthorized payment, you should promptly notify the Bank of the relevant facts.
9. You may withdraw your consent for electronic delivery services by sending written notice to any of SBM branches or send your instruction via secure e-mail service.
10. You understand that if your e-mail password is compromised, you will have the responsibility of informing the bank immediately. The bank, shall, after receipt of your request, suspend the Service, until further instruction is received from you to reactivate the Service again.
11. Upon transmission of the e-mail file to your e-mail address, you will have the sole responsibility for maintaining security of the e-mail. By signature of this agreement you hereby agree to indemnify and keep the Bank harmless from and against any and all charges, complaints, costs, damages, demands, expenses, liabilities, and losses resulting from any delay, non-receipt, unauthorised access or incompleteness resulting from any failure, defect or any other cause connected with telecommunications network, failure of equipment or any other cause.
12. You understand the importance of your role in preventing misuse of your accounts and you agree to promptly examine your account e-STATEMENT(s) as soon as you receive it. You agree to protect the confidentiality of your account(s) details and your password. You understand that personal identification by itself, or together with information related to your account(s), may allow unauthorised access to your account(s). For security and privacy reasons, data transferred via account e-STATEMENT(s) is password protected. You agree to indemnify and keep the Bank harmless from and against any and all charges, complaints, costs, damages, expenses, liabilities, and losses resulting from any unauthorised access to your e-mail account for reasons which are beyond the control of the Bank.

**Valid e-mail Address (BLOCK Letter):** \_\_\_\_\_ **Only ONE e-mail address)**

X

Signature of Sole/First Applicant

(In case of joint account holders, all account holders shall put their signature)

X

Signature of 2<sup>nd</sup> Joint Holder

X

Signature of 3<sup>rd</sup> Joint Holder



**FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) ASSESSMENT FORM  
INDIVIDUAL**

**SECTION A : INDICIA of US Person**

Customer Name (1) : \_\_\_\_\_

CIF : \_\_\_\_\_

Customer Name (2) : \_\_\_\_\_

CIF : \_\_\_\_\_

Customer Name (3) : \_\_\_\_\_

CIF : \_\_\_\_\_

	Please tick (✓) as appropriate: Numbers in brackets ( ) are related to Section B	Customer 1		Customer 2		Customer 3	
		Yes	No	Yes	No	Yes	No
a	Are you a US citizen?						
b	Do you have a US Green Card? <sup>(1)</sup>						
c	Are you taxable in the US? <sup>(2)</sup>						
d	Were you born in the US?						
e	Do you have a US passport? <sup>(3)</sup>						
f	Is your country of residence US?						
g	Do you have a current US residence or mailing address? <sup>(4)</sup>						
h	Do you have a current US landline phone number? <sup>(5)</sup>						
i	Do you maintain an "in care of" or a "hold mail" US address? <sup>(6)</sup>						
j	Have you lived or worked in US during the past 3 years? <sup>(7)</sup>						
k	Do you have any income from US source? <sup>(8)</sup> (See Note A)						
l	Do you have standing instructions to transfer funds to an account maintained in the US, or instructions regularly received from a U.S. address <sup>(9)</sup>						
m	Have you granted signatory authority to a person with US address? <sup>(10)</sup>						
n	Do you have 10% or more interest by vote or value in a US company? <sup>(11)</sup>						

Note A : Income can be interest, dividend, rent, salary, wage, premium, annuities, compensations, remuneration, emoluments and other fixes 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 B: ADDITIONAL INFORMATION**

If you have answered "Yes" to any of the above, please complete this section. Write N/A where not applicable.

		Customer 1			Customer 2			Customer 3		
1	US Green Card No									
2	US Tax Identification Number (TIN)									
3	US Passport No									
4	US residence or mailing address									
5	US landline phone number									
6	US "in care of"/ "hold mail" address									
7	Dates you have been in US during the past 3 years and reasons for stay (Current year + 2 preceding years)	From	To	Stay Purpose	From	To	Stay Purpose	From	To	Stay Purpose
8	Type of income									
9	Purpose / Type of transfer of fund									
10	Name/s and address/es of US authorised signatory									
11	Name/s of US company in which you have 10% or more interest by vote or value									

**Important Note :**

SBM Ltd - India Branch hereby informs you that if you are connected to the US (for example if you are a US citizen or resident or receive any fixed or determinable, annual or periodic income from the US), SBM Ltd - India Branch may be obliged to report information related to your account to the competent tax authority in the United States.

**SECTION C : DECLARATION**

Customer 1 : I am/am not a US citizen or US resident or taxable under the US laws. *(Please delete as appropriate)*

Customer 2 : I am/am not a US citizen or US resident or taxable under the US laws. *(Please delete as appropriate)*

Customer 3 : I am/am not a US citizen or US resident or taxable under the US laws. *(Please delete as appropriate)*

I/We confirm that all the information provided above is/ are true and correct.

I/We understand it is my/our responsibility to inform SBM Ltd - India Branch of any changes regarding my/our personal and tax status.

I/We am/are aware that SBM Ltd - India Branch shall be required to disclose and report to competent local tax authority any personal tax information, financial account information or any additional due diligence information obtained from me/us in compliance with the FATCA regulations.

Customer 1 Name: \_\_\_\_\_ Signature:  \_\_\_\_\_ Date:

Customer 2 Name: \_\_\_\_\_ Signature:  \_\_\_\_\_ Date:

Customer 3 Name: \_\_\_\_\_ Signature:  \_\_\_\_\_ Date:

**OFFICE USE**

FATCA classification: Customer 1 is : Reportable  Non-Reportable

FATCA classification: Customer 2 is : Reportable  Non-Reportable

FATCA classification: Customer 3 is : Reportable  Non-Reportable

Staff Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date:

Supervisor Approval: \_\_\_\_\_ Signature: \_\_\_\_\_ Date:

**LIST OF DOCUMENTS REQUIRED TO OPEN THE ACCOUNT**

<b>IDENTITY PROOF</b> (Self attested true copy of any one of the following valid documents duly verified with the originals by a Bank official) :	<b>ADDRESS PROOF</b> (Self attested true copy of any one of the following valid documents duly verified with the originals by a Bank official) : RBI requires only one proof of address
<ul style="list-style-type: none"> <li><input type="checkbox"/> Passport</li> <li><input type="checkbox"/> Driving License</li> <li><input type="checkbox"/> Income Tax PAN Card</li> <li><input type="checkbox"/> Voter's Identity Card issued by Election Commission of India</li> <li><input type="checkbox"/> Job card issued by NREGA duly signed by an officer of the State Government</li> <li><input type="checkbox"/> The letter issued by the Unique Identification Authority of India containing details of name, address and Aadhaar number</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Passport</li> <li><input type="checkbox"/> Driving License</li> <li><input type="checkbox"/> Voter's Identity Card issued by Election Commission of India</li> <li><input type="checkbox"/> Job card issued by NREGA duly signed by an officer of the State Government</li> <li><input type="checkbox"/> The letter issued by the Unique Identification Authority of India containing details of name, address and Aadhaar number</li> </ul>
<p>★ <b>If the officially valid document submitted, for opening a bank account has both, identity and address of the person, there is no need for submitting any other documentary proof.</b></p>	



**NOMINATION ACKNOWLEDGEMENT**

Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

1. We acknowledge receipt of nomination made by you in favour of:

Name of the nominee \_\_\_\_\_ Age: \_\_\_\_\_ years

With respect to your account number \_\_\_\_\_

2. NO nominee is registered for the account since nomination facility is not availed by the account holder.

Yours Faithfully,

Signature of Bank official with seal



**SAVINGS BANK ACCOUNT RULES**

1. The attention of the customer is invited to the "Savings Bank/Recurring Deposit" Rules as applicable.
2. Customer is expected to adhere to and subscribe uniform signature as per the specimen signature recorded with the Bank, while operating the account or addressing any correspondence to the Bank
3. Distinctive account number should be mentioned in each transaction with the Bank.
4. The Bank is required to obtain Permanent Account Number (PAN) as per the Income Tax Act from the person/s opening the account.
5. Fresh proof of identity / address has to be furnished to the Bank whenever called for.
6. The account holder is required to maintain a certain minimum balance in the account, as specified by the Bank from time to time depending on the classification of the area in which the branch is functioning and also depending upon classification of account. Non-compliance of this would attract penalty.
7. Details with regard to minimum balance to be maintained and the penalty to be levied for non-compliance are available in the Bank's branch notice board and on the Bank's website [www.sbmgroup.mu](http://www.sbmgroup.mu).
8. Interest rates are subject to change from time to time.
9. Cheque, Dividend Warrants, etc. drawn in the name of account holder/s will only be collected through this account. Instruments endorsed in favour of the account holder/s will not be collected through Savings Bank Account.
10. Business transaction shall not be routed through Savings Bank Account. If routed, the Bank will recover the interest paid and may also close the account. The Bank has the right to close any undesirable / un-remunerative account after giving due notice.
11. The Bank reserves right to amend rules and service charges, which will be available in the Bank's branch notice board and on the Bank's website [www.sbmgroup.mu](http://www.sbmgroup.mu).
12. Customer should keep the cheque book in a safe place to avoid any misuse.
13. The Customer cannot have any other Savings Bank Account, if he/she has a Basic Savings Bank Deposit Account (BSBDA). If the customer already has a Savings Bank Account, the same will be required to close within 30 days of opening a Basic Savings Bank Deposit Account.
14. Detailed rules are available on the Bank's Website [www.sbmgroup.mu](http://www.sbmgroup.mu)
15. The Bank reserves right to amend rules and service charges, which will be available in the Bank's branch notice board and on the Bank's website [www.sbmgroup.mu](http://www.sbmgroup.mu)