

ACCOUNT OPENING FORM – INDIVIDUAL
Date of Application
Type of Application (Please tick as applicable)

Sole Account Joint Account Minor Account Resident Non-Resident

Mode of Operation (For Joint Accounts) Jointly by Both Any / Either Survivor

Instructions for filling the form:

- All fields are mandatory
- Please fill in BLOCK letters
- Mention N/A whenever not applicable

CUSTOMER INFORMATION – PERSONAL DETAILS OF APPLICANT (OR MAIN APPLICANT IN CASE OF JOINT ACCOUNT)

Title (M/Mrs/Miss)		Last Name			
First Name			Maiden Name (if applicable)		
Former Legal Name			Date of Birth (dd/mm/yyyy)		
Country of Residence		Country of Birth		Marital Status Single Married Other	
National Identity Card No. / Passport No.		Nationality		Expiry Date (dd/mm/yyyy)	
Permanent Residential Address					
Mailing Address (if different from above)					
Phone Numbers (Mobile/Office/Home)			Fax No.		Email
Occupation Details (tick as applicable)		Number of years in service		Net monthly salary/income (Currency)	
Salaried Self Employed		Date Started (dd/mm/yyyy)		Other source of income (dividend/pension/interest etc)	
Retired Other					
Employer's Name & Present occupation					
Employer's Address					
Name of business/ Business sector if self-employed					
Source of Wealth					
Source of funds to be deposited into account (eg. Salaries, Personal Savings, dividends, investments, others).					
Other Bank(s) used		1.		2.	
				3.	
Are you a US Citizen?		Is your income taxable under US law?		Tax Account	
Yes No		Yes No		Social Security No.	
				National Insurance No.	
Relationship to Minor			Power of Attorney details (if any): Given/Received by US Person		
			Yes No		

Country and Registration/Issue Date	Tax Number
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CUSTOMER INFORMATION – PERSONAL DETAILS OF JOINT/PROXY APPLICANT (Print multiple pages if there are more)

Title	Last Name		
First Name	Maiden Name (if applicable)		
Former Legal Name	Relationship with Main Party		
Date of Birth (dd/mm/yyyy)	Nationality		
Country of Residence	Country of Birth	Marital Status	Single Married Other
National Identity Card No. / Passport No.		Expiry Date (dd/mm/yyyy)	
Permanent Residential Address			
Mailing Address (if different from above)			
Phone Numbers (Mobile/Office/Home)		Fax No.	Email Address
Occupation Details (tick as applicable)		Number of years in service	Net monthly salary/income (Currency)
Salaried Self Employed		Date started (dd/mm/yyyy)	Other source of income(dividend/pension/interest etc)
Retired Other			
Employer's name & Address			
Job Title Present Occupation			
Name of business/Business sector if self-employed			
Are you a US Citizen?	Is your income taxable under US law?	Tax Account	
Yes No	Yes No	Social Security No.	
		National Insurance No.	

ESTIMATED ACCOUNT ACTIVITY (YEARLY)			
Nature of Funds deposited into the account(s)			
Estimated Annual Balance (USD) to be deposited in the account(s)			
No. of Incoming transfers per month	1-10	11-25	> 25
No. of outgoing transfers per month	1-10	11-25	> 25

NEW ACCOUNT DETAILS (TICK THE CURRENCY AS NEEDED*)							
Current Account	MUR	USD	EUR	GBP	AUD	CHF	AED

**The customer is hereby informed that should the new account not be funded or remains inactive for a period of 3 months as from the date of the account opening, Silver Bank Limited reserves the right to automatically close the account without giving prior notice to the customer.*

STATEMENT DELIVERY		
POST	EMAIL	<i>*As part of Go-Green initiative, we propose to send account statements through email.</i>

INTERNET BANKING SERVICE (tick only if needed)		
Register me/us for Silver Bank's internet banking Service	YES	NO

FOR EXPATRIATES ONLY (OUTSIDE MAURITIUS)	
Overseas Residential Address	
Residence/Work/Occupation Permit Validity: (Permit should be provided)	

LETTER OF INDEMNITY FOR FAX/E-MAIL INSTRUCTIONS

The Manager

Silver Bank Ltd

4th Floor HSBC Center 18 Cybercity

Ebene

Mauritius

In consideration of your agreeing to accept from us, notwithstanding the terms of the relevant mandate, from time to time instructions purporting to come from us in form of facsimile/e-mail not bearing an original signature ("faxed instructions") in relation to our account (s) referred to above without requiring written confirmation in respect of any faxed instruction prior to acting thereon, we confirm that: -

(1) We are aware of the possible risks involved in connection with the giving of any faxed/e-mail instruction and have taken note of, and acknowledge our understanding and agreement to the "Important Notice" below.

(2) You are hereby, irrevocably and unconditionally, authorized to act on any faxed/e-mail instruction from registered fax number/e-mail, which, you in your sole discretion believe, emanates from us or otherwise appears to comply with the terms of the mandate for the above account(s) and you shall not be liable for acting in good faith on faxed/e-mail instructions, which emanate from unauthorized individuals or in any circumstances whatsoever.

(3) In the case of any faxed/e-mail instructions, your Bank may refuse to act if such instructions are not in the reasonable opinion of your Bank sufficiently clear to be read accurately and, in such event, your Bank shall be entitled not to act upon such instructions until it has established to its reasonable satisfaction the precise details of those instructions.

(4) In particular, you shall not be under any duty to verify the identity of the person or persons giving any faxed/e-mail instructions purportedly made on our behalf or the authenticity of any signature on any faxed/e-mail instruction.

(5) Any transaction made (including without limitation any transfer of funds from our accounts(s) referred to above) or service effected (including without limitation any request for change of address, certificate of balance or stop payment of cheques) pursuant to any faxed/e-mail instruction shall be binding upon us whether made with or without our authority, knowledge or consent and we shall confirm, the same in writing, such confirmation in each case to be signed on our behalf in accordance with the terms of the mandate and forwarded on the business day upon which faxed/e-mail instructions are given.

(6) We undertake to indemnify the Bank against all actions, proceedings claims, loss, damage, costs and expenses which may be brought against or suffered or incurred by the Bank and which shall have arisen either directly or indirectly out of or in connection with accepting faxed instructions sent to the Bank from us and acting thereon, whether or not the same are confirmed in writing by us.

(7) This letter of Indemnity shall remain in force until receipt by the Bank, a notice in writing from ourselves varying or purporting to vary or revoke this letter of Indemnity signed by an authorised officer(s).

Primary Applicant

Joint Application

Date

Date

INDIVIDUAL TAX RESIDENCY SELF-CERTIFICATION FORM

Effective 1st January 2017, Common Reporting Standards (CRS) regulation requires financial institutions such as Silver Bank Limited to collect and report certain information about an account holder's current tax residency, account information and information about its controlling persons, as mandated by the concerned Mauritian authority. Please complete, where applicable, the relevant sections below.

Please note that the Bank's staff is unable to assist the customer in the completion of this form. For more information, you may visit the OECD's website or speak to a professional tax advisor / consultant.

If a TIN (Taxpayer Identification Number or functional equivalent) is unavailable please provide the appropriate reason A, B or C where indicated below:

**Reason A - The country where the Account Holder is liable to pay tax does not issue TINs to its residents.*

Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason).

Reason C - No TIN is required. (Note: Only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed).

CUSTOMER DETAILS			
Name of Account Holder			
Current Residence Address			
Mailing Address (if different to the address above)			
Date of Birth (dd/mm/yyyy)		Place of Birth (Town/City)	Country Of Birth
Country of Tax Residence	TIN/social security/insurance no./citizen/personal identification/service code/no. or resident registration no.	If no TIN available, enter Reason* A, B or C	If you have selected Reason B, explain why

Note: Please complete the above table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each country indicated. If the Account Holder is tax resident in more than three countries please use a separate sheet.

Declarations and Signature

- I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with Silver Bank Limited setting out how Silver Bank Limited may use and share the information supplied by me.
- I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
- I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates.
- I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.
- I undertake to advise Silver Bank Limited within 30 days of any change in circumstances which affects the tax residency status of the individual identified above of this form or causes the information contained herein to become incorrect, and to provide Silver Bank Limited with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

I declare that all information provided on this form is true, correct and complete and I undertake to indemnify Silver Bank Limited and its Officers in the event that I would have made any misstatement in this certificate.

Signature

Full Name

Date

Note: If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney, please also attach a certified copy of the power of attorney.

Capacity

INDICATIVE DOCUMENTS LIST (tick as applicable) - INDIVIDUAL (RESIDENT) / (NON-RESIDENT)	
Signed account opening forms - (full set)	
Valid proof of identity documents for all involved in application processing: <ul style="list-style-type: none"> • For Mauritian Resident: NIC Recto & Verso Both side Copy Required • Foreign Resident: Passport • Foreign Non-resident: Passport 	
Valid proof of address documents for all involved in application processing: (utility bills, letter from a bank confirming residential address, credit card statement, lease agreement) - Not older than 3 months.	
Birth Certificate in case of Minor	
Marriage Certificate (in case proof of address is in the name of spouse)	
Work/Residence/Occupation Permit	
Bank reference letter addressed to Silver Bank Limited not older than 3 months- (from an existing bank)	
Certified Power of Attorney – (if applicable)	
Eligible Introducer's certificate (Original duly stamped & on letter-head) - If applicable	
Source of wealth & source of funds along with documentary evidences for the applicant	
Bank statement from an existing bank for last 6 months for the applicant	

DECLARATIONS

1. We hereby confirm that the details given are correct, true and complete and agree to inform the bank of any change in the information provided. We also authorize Silver Bank to independently verify any of the information provided by us, as above.
2. We have read and understood the Silver Bank Limited General Terms and Conditions for Account holders which is available on the bank's website and agree to comply with them.
3. We are aware that the Bank is required to 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 into this account will be lawful business activity.
4. Where the bank sends, or makes available a statement of account or Cheque, we shall exercise reasonable promptness in examining the statement or Cheque to determine whether any payment was not authorized because of an alteration of a Cheque or because of a purported signature by us or on behalf was not authorized. The bank will be promptly notified of any such unauthorized payment after having been reasonably discovered.
5. We authorise the Bank to make any independent enquiries on any shareholder, directors, beneficial owners or authorized signatories in accordance with your normal procedures in connection with this application, including but not limited to a reference from banks with whom we already maintain a relationship.
6. We undertake to inform the Bank in the event of a change in beneficial ownership, directorship, and shareholding and authorized signatories.
7. We authorise the bank to send statement of accounts, advices and other correspondences at the address given above or through Internet to our email address at our risks. We are aware that the bank may outsource some of its mailing services to accredited suppliers approved by the regulatory authorities. The Bank will undertake all necessary due diligence on these companies and will ensure that we are provided with a service of the highest standards at all times
8. Personal information given to the Bank like email address and mobile number may be used for promotion of other products of the bank.
9. We confirm that our entity is a tax-compliant entity in the country of domicile or operation or control, etc. as applicable by any local and other relevant jurisdiction. We also authorize the Bank to report the account balances & other applicable information to the tax authorities as per Common Reporting Standards (CRS) and The Foreign Account Tax Compliance Act (FATCA).
10. We authorize the Bank to share information pertaining to our account with any authorities, legal bodies, etc. as required by applicable laws of Mauritius from time to time.
11. I/We declare that any money remitted into this account does not directly or indirectly originate from any illicit financial activity. I/We confirm that we have not been and that I/We shall not be involved directly or indirectly either individually or jointly with any person(s), in any money laundering or terrorist financial activities.
12. **We have read and understood the Terms and Conditions of Silver Bank Limited and we therefore accept and authorize Silver Bank Limited to debit our account/s with the related charges/fees as per the Rates and Fees Schedule signed.**

****For Customer Due Diligence (CDD) Documents, English or French translated documents must be made available where CDD documents are not in the English or French language and such translation must be by a qualified sworn translator.***

**Main Applicant
(Name & Signature)**

**Joint Applicant
(Name & Signature)**

Date

Date