



Branch: _____

New customer

Date:

Existing customer

ACCOUNT OPENING FORM

- Limited Company / Partnership
- Sole Proprietorship
- Societe / Club / Association
- Global Business / Trust
- Others (To specify)

Please open a Business Account in our name as detailed below:

For Bank Use Only

Customer ID

Account Number

Bank Authorised Signatory

Part A – Business Customer Information

Customer's Name

* Registered No / Identity Document Type & No.

Nature of Business / Industry

Country of Incorporation / Registration

Correspondence Name and Address

Fax No:
 Telephone Number:
 E-mail Address:

Person to Contact:

youCompany Contacts (Who are the main points of contact within your company)?

	FIRST CONTACT	SECOND CONTACT
Contact Name	_____	_____
Preferred Name	_____	_____
Job Title	_____	_____
Method of Contact	_____	_____
Telephone No	_____	_____
Fax No	_____	_____
Mobile No	_____	_____
Email Address	_____	_____

STATEMENT OF AFFAIRS: Please complete this section if you are unable to provide us with your latest accounts

- 1. CAPITAL INVESTED**
 What amount of capital has been / will be invested? _____
 Please state source of funds _____
- 2. EXPECTED TURNOVER**
 What is the business' annual turnover turn to be? _____
- 3. EXPECTED EXPENDITURE**
 What is the business' annual expenditure like to be? _____

Registered Office / Factory / Principal Office Address (*complete only if different From Correspondence Address*)

Details of Introducer:

Name:
 Account Number:
 Address:

Telephone Number:
 Signature:

Please complete as appropriate

- Do you maintain or have you maintained any other account(s) with Bank One Ltd in the above name?
 if yes, please complete the following:
 Bank/Branch _____ Account Number:
- Details of Present Bankers
 Bank/Branch _____ Account Number:
- Do you use a company or corporate debit/credit card issued by Bank One Ltd? Yes No
- Are you a Subsidiary/ Associate of another organisation?
 Subsidiary of (i.e. owned more than 50%) _____ Customer No: _____
 Associate of (i.e. owned 20-50%) _____ Customer No: _____
 No

Part B: Account Opening

We have read the Bank One Ltd General Terms and Conditions for Account Holders and Terms and Conditions for opening and operating Savings Account / Current Account / Call Deposit Account / Others (as specified below), and agree to comply with them.

<p>1. DEPOSIT A/C TYPE</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 50%;">CURRENT A/C</td> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;">CALL DEP.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>OTHERS (To specify)</td> <td><input type="checkbox"/></td> <td>FIXED DEP.</td> </tr> </table>	<input type="checkbox"/>	CURRENT A/C	<input type="checkbox"/>	CALL DEP.	<input type="checkbox"/>	OTHERS (To specify)	<input type="checkbox"/>	FIXED DEP.	<p>2. CURRENCY:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;">MUR</td> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;">GBP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>USD</td> <td><input type="checkbox"/></td> <td>EUR</td> </tr> </table>	<input type="checkbox"/>	MUR	<input type="checkbox"/>	GBP	<input type="checkbox"/>	USD	<input type="checkbox"/>	EUR
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<input type="checkbox"/>	MUR	<input type="checkbox"/>	GBP														
<input type="checkbox"/>	USD	<input type="checkbox"/>	EUR														

<p>3. MODE OF OPERATION AUTHORISED SIGNATORIES AS PER BOARD RESOLUTION:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____ (TO SPECIFY COMBINATION)</p>	<p>4. TERM DEPOSIT</p> <p>AMOUNT Rs:</p> <p>(RUPEES:)</p> <p>PERIOD: MONTHS INT.RATE: % (Floating Rate.....% above Savings)</p>
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<p>5. FOR CURRENT ACCOUNTS ONLY</p> <p>1. Please supply me cheque book (s).</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;">25 leaf Order</td> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;">100 leaf Order</td> </tr> <tr> <td><input type="checkbox"/></td> <td>50 leaf Order</td> <td><input type="checkbox"/></td> <td>200 leaf Order</td> </tr> </table> <p>2. Cheque book (s) to be</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;">Posted</td> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;">Collected</td> </tr> </table>	<input type="checkbox"/>	25 leaf Order	<input type="checkbox"/>	100 leaf Order	<input type="checkbox"/>	50 leaf Order	<input type="checkbox"/>	200 leaf Order	<input type="checkbox"/>	Posted	<input type="checkbox"/>	Collected	<p>6. OTHER INSTRUCTIONS: (for Term Dep.):</p> <p>(a) PAY PERIODICAL INTEREST ON TERM DEPOSIT:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;">MONTHLY</td> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;">QUARTERLY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>HALF-YEARLY</td> <td><input type="checkbox"/></td> <td>ON MATURITY</td> </tr> </table> <p>TO THE CREDIT OF A/C NO: _____</p> <p>(b) RENEWAL NOTICE REQUIREMENT?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<input type="checkbox"/>	MONTHLY	<input type="checkbox"/>	QUARTERLY	<input type="checkbox"/>	HALF-YEARLY	<input type="checkbox"/>	ON MATURITY
<input type="checkbox"/>	25 leaf Order	<input type="checkbox"/>	100 leaf Order																		
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<input type="checkbox"/>	HALF-YEARLY	<input type="checkbox"/>	ON MATURITY																		

C. DATA PROTECTION DETAILS

This declaration relates to the information I/we have given in this form and to any other information which I/we may provide to Bank One Ltd or which it holds on me/us. The information may be held on computer by Bank One Ltd and retained after my/our account is closed. To enable Bank One Ltd to provide me/us with appropriate high quality financial services to meet my/our needs, I/we agree that the information may be disclosed to other companies in the Bank One Ltd and to associated companies. For example, information may be disclosed for administration and marketing purposes. I/we agree that the information may be used to identify and advise me/us, by post, telephone or other electronic model of any products and services that your other companies in the Bank One Ltd or your associated companies think may be of interest to me/us.

D. DECLARATION AND SIGNATURES

- a. I/We have read, understood and accepted the terms and conditions that apply to the account/s that I/we have selected in the application form.
- b. I/We authorise you to send statement of accounts, advices or any other correspondence at the address given above at my/our own risk and perils.
- c. I/We declare that all information provided in the present form is true and correct and agree to inform Bank One Ltd of any change in the personal information provided.
- d. I/We further acknowledge having provided my/our specimen signatures on separate card to allow for their electronic capture by the Bank.
- e. I/We am/are fully aware of the provision applicable under the Financial Intelligence and Anti-Money Laundering Act 2002 and the prevention of Corruption Act 2002. The true source of funds and purpose of transaction will be declared and all money will be duly accounted and no money laundering will be made.

E. CUSTOMER SIGNATURE *

We hereby confirm that the details given above are correct	
Signature (A) _____ ID. No. _____	Signature (B) _____ ID. No. _____
Signature (C) _____ ID. No. _____	Signature (D) _____ ID. No. _____
* This form should be signed in accordance with the mandate.	

FOR BANK USE ONLY

Customer Type Customer Status Acc Manager Sector Code Sub Sector Code Scheme Code Line of Business GL Subhead Code	<table style="width: 100%; border: none;"> <tr><td><input type="checkbox"/></td><td>Mandate</td></tr> <tr><td><input type="checkbox"/></td><td>Board Resolution</td></tr> <tr><td><input type="checkbox"/></td><td>Certificate of Incorporation</td></tr> <tr><td><input type="checkbox"/></td><td>Identity Cards</td></tr> <tr><td><input type="checkbox"/></td><td>Proof of Address</td></tr> <tr><td><input type="checkbox"/></td><td>MAA / Applications</td></tr> <tr><td><input type="checkbox"/></td><td>Deed of Partnership / Others</td></tr> </table>	<input type="checkbox"/>	Mandate	<input type="checkbox"/>	Board Resolution	<input type="checkbox"/>	Certificate of Incorporation	<input type="checkbox"/>	Identity Cards	<input type="checkbox"/>	Proof of Address	<input type="checkbox"/>	MAA / Applications	<input type="checkbox"/>	Deed of Partnership / Others	Processed by: Name _____ Signature: _____ Checked by: Name _____ Signature: _____ Date: _____
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RELATED DIRECTORS / SHAREHOLDERS / AUTHORISED SIGNATORIES PROFILE

<i>DETAILS</i>	1	2	3	4
Surname				
Other Names				
Maiden Name (if applicable)				
ID Number				
Place & Date of Birth				
Nationality				
Residential Address				
Mailing Address				
Email Address				
Occupation				
Employer				
Nature of business (if self-employed)				
Phone No.				
Mobile No.				
Fax No.				
Shareholder				
Director				
Authorised Signatory				
Bank One Limited Customer				
Specimen signature				