



APPLICATION FOR BUSINESS CUSTOMER/ OTHER INSTITUTIONS/
INTERNATIONAL BANKING

Limited Company

Partnership

Sole Proprietorship

Others(Please specify)

1 Please complete in BLOCK LETTERS and tick where applicable

2 Please delete whichever is not appropriate

FOR BANK USE ONLY

	Bank Authorised
Customer Number	Signature/ Stamp
	Staff Full Name
Account Number(s)	
	Signature

Part A: Customer Information

1	Customer's Name					
2	Registered No					
3	Identity Document (Type/No)					
4	Nature of Business/Industry					
5	Country of Incorporation/Registration					
6	Correspondence (Name & Address)					
7	Person to Contact				(Unless otherwise specified, correspondence will be sent by mail)	
	Telephone Number	Residence		Office		Mobile
8	Registered Office					
	Principal Office Address					
	(if different from Correspondence Address)					
9	Name of Introducer					
	Address of Introducer					
	Account Number of Introducer				Branch	
	Telephone No of Introducer	Residence		Office		Mobile
	Signature of Introducer					
Please complete as appropriate						
1	Do you maintain or have you maintained any other account(s) with MauBank Ltd in the above name?					
	If Yes, Please complete the following					
	Branch				Account No	
2	Expected Average Monthly Credit					
3	Details of present Bankers	Bank/Branch			Account No	
4	Are you a Subsidiary/Associate/Beneficial Owner of another organization?					
	(a) Subsidiary of (i.e more than 50%)				Customer No	
	(b) Associate of (i.e owned by 10% or more)				Customer No	
	(c) Beneficial Owner (i.e owned by 10% or more)				Customer No	
	(d) No					

Part B: Account Opening**1. Type of Account Required**

<input type="checkbox"/>	<input type="checkbox"/>	Fixed Account	<input type="checkbox"/>	Call Deposit Account
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2. Currency of Account

<input type="checkbox"/>	<input type="checkbox"/>	EURO	<input type="checkbox"/>	USD	<input type="checkbox"/>	GBP
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<input type="checkbox"/>	Others (please specify)
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3 For Fixed Deposit Account Only

1	Amount :	
2	Tenor :	Months
3	Agreed rate :	%

4 For Statement and Call Deposit Accounts Only

Type of statement Required

Collection of Statement

<input type="checkbox"/>	Regular Statement (i.e a separate statement for each account)	<input type="checkbox"/>	By Post
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One copy of your account statement will be provided monthly, starting

one month from the date your account is opened, unless you specify

<input type="checkbox"/>	By Email-Please fill in e-statement application form
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Otherwise in the space below:

Statement Frequency

Number of copies

Additional mailing address

(if required)

Mode of Operation of Account☐ **Singly**☐ **Jointly**☐ **Anyone**☐ **Others (please specify)****Part C: Customer's Declaration and Signature(s)/ Chop(s)**

Please open a Business/Other Institutions Account in our name as detailed above.

I/We hereby acknowledge having taken cognisance of the terms and conditions of MauBank Ltd for accounts

operations which will apply to the account which I/We are opening with it. I/We have perused those Terms and Conditions and I/We am/ are agreeable to abide by them.

I/We hereby confirm that the details given above are correct and that accounts which were operated by me/us in other banks were not closed for unsatisfactory operations.

We undertake to inform the bank immediately of any concerns regarding the client(s) and also notify should there be any changes to the directors, share changesholders, authorised signatories and beneficial owners.

Date

Signature/s and Chop

Signature/s and Chop

Please use copies of this page/section for additional Beneficial Owners/Directors/Shareholders/Partners/Authorised Signatories

Part D: Information on Beneficial Owners/Directors/Shareholders/Partners/Authorised Signatories

Name	
Identity Document No	
Category**	
Date of Birth	
Marital Status	
Residential Address	
Mailing Address	
Phone No	
Mobile Phone No	
Fax No	
Email Address	
Profession	
Notes	** Choose from Beneficial Owner, Director, Shareholder or Authorised Signatory. If Other, please specify relationship.

Please use copies of this page/section for additional Beneficial Owners/Directors/Shareholders/Partners/Authorised Signatories

Name	
Identity Document No	
Category**	
Date of Birth	
Marital Status	
Residential Address	
Mailing Address	
Phone No	
Mobile Phone No	
Fax No	
Email Address	
Profession	
Notes	** Choose from Beneficial Owner, Director, Shareholder or Authorised Signatory. If Other, please specify relationship.

FOR BANK USE ONLY (Part A)

Sector	Mandate		Processed by
	Board Resolution		
	Certificate of Resolution		
	Memorandum & Articles of Association		
	Business Plan		Authorised by
	Other Documents		
	(a)		
	(b)		Account opened on
	(c)		
	(d)		
	(e)		
	(f)		
	(g)		
	(h)		
Telecommunication/Cheque/Indemnity			Held/Not Held

FOR BANK USE ONLY (Part B)

Master File Record			
			Authorised By
Created By			
Checked by			
Scanned By		Verified By	
Date		Verified on	
Time		Time	