

ACCOUNT OPENING FORM - PERSONAL

CUSTOMER PERSONAL DETAILS

Resident		Sole	
Non-Resident		Joint	

FOR OFFICE USE ONLY	CIF NO.
ACCOUNT NUMBER/S	

PRINCIPAL APPLICANT

- Title _____
 Last name _____
 First name _____
 Maiden name (if applicable) _____
- National Identity Card No. (for Mauritian Residents): _____
- Passport No. _____ Nationality _____ Expiry date (dd/mm/yyyy) _____
- Permanent residential address _____
- Mailing address (If different**) _____

- Tel. No. (Off) _____ (Res) _____
 (Mobile) _____
- Email _____ Are you a US Citizen ? Yes No
- Date of birth (dd/mm/yyyy) _____ Is your income taxable under US law ? Yes No
- Country of Birth _____
- Marital status Single Married Other _____
- Other bank(s) used: 1. _____ 2. _____ 3. _____

OTHER DETAILS

- Employment status (tick as appropriate) Employed Self Employed Housewife Retired
- Present occupation _____
- Employer's Name _____ No. of years in service _____
- Employer's address _____
- Business Sector (if self employed) _____ Date started (dd/mm/yyyy) _____
- Net monthly income _____
- Source of funds to be deposited into account/s: e.g (personal savings, income, dividends, investments, funds already in business etc....) _____
- Estimated Annual Total Deposit/Turnover _____
- Estimated Annual Total Cash Transaction (Notes): Deposits _____ Withdrawals _____
- Tax Number (Non-residents) _____

FOR EXPATRIATES ONLY

- Overseas residential address _____
- Residence/Work/Occupation Permit expires on _____ (dd/mm/yyyy) (copy to be produced)

JOINT APPLICANT / LEGAL ADMINISTRATOR / PROXY

FOR OFFICE USE ONLY	CIF NO.
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1 Title: _____
 Last name _____
 First name _____
 Maiden name (if applicable) _____

2. National Identity Card No. (or Mauritian Residents): _____

3. Passport No. _____ Nationality _____ Expiry date (dd/mm/yyyy) _____

4. Permanent residential address _____

5. Mailing address _____

6. Tel. No. (Off) _____ (Res) _____
 (Mobile) _____ Fax No. _____

7. Email _____ Are you a US Citizen ? Yes No

8. Date of birth (dd/mm/yyyy) _____ Is your income taxable under US law ? Yes No

9. Marital status Single Married Other _____

10. Country of Birth _____

11. Other bank(s) used: 1. _____ 2. _____ 3. _____

12. Relationship to minor (if joint applicant is a minor) _____ (father/mother/guardian)
 Power of Attorney details (if any): Given/Received by US Person Yes No
 Governing Country and Registration/Issue date _____
 Tax Number (Non-residents) _____

OTHER DETAILS

Employment status (tick as appropriate) Employed Self Employed Housewife Retired

Present occupation _____

Employer's Name _____ No. of years in service _____

Employer's address _____

Business Sector (if self employed) _____ Date started (dd/mm/yyyy) _____

Net monthly income _____

Other source of income (Dividend/Pension/Interest etc) _____

Nature of funds to be deposited into account/s _____

Estimated Annual Total Deposit/Turnover _____

Estimated Annual Total Cash Transaction (Notes): Deposits _____ Withdrawals _____

ACCOUNT OPENING

ACCOUNT DETAILS (Type of account)

LOCAL CURRENCY (MUR)	
<input type="checkbox"/>	AfrAsia Classic Savings Account
<input type="checkbox"/>	AfrAsia Spinnaker Savings Account
<input type="checkbox"/>	Private Remunerated Current Account with cheque book/s of 25 leaves

FOREIGN CURRENCY / IES	
<input type="checkbox"/>	AfrAsia Currency Current Account
<input type="checkbox"/>	Specify Currency (USD/EUR/GBP/ZAR/CHF and others)

Statement Delivery: Post E-Statement

Value-added services:

Internet Banking (with OTP) Credit Card Global Custody Forex Dealing Prepaid card
 (View & Transact) (MUR/USD/EUR)

(Separate application forms to be filled)

**DECLARATION
FOR JOINT ACCOUNT ONLY**

We agree that our account is to be operated by (tick as appropriate)

- ANYONE (Either to sign) JOINTLY (Both to sign)

We, the undersigned, hereby request you and authorise you as follows:

1. To open or continue (as the case may be) any account or accounts in our joint names as we may direct and to close any account so opened or continued as we may direct.
2. To place to the credit of any account in our joint names, all amounts, including dividends, interests and capital sums from securities or proceeds of cheques or bills received or collected by you for us.
3. To honour and comply with all cheques, promissory notes and other orders drawn and all bills accepted on our behalf, whether our current account is in credit or overdrawn, to comply with all directions given for or in connection with any account or accounts or any kind whatsoever on our behalf and to accept and act upon all receipts for monies deposited with or owing by you or any account or accounts in our names provided that such cheques, promissory notes, orders, bills, directions or receipts are signed by us.
4. To advance to us, at our request, any loan, overdraft, discount or any other credit facility, on such terms and conditions to be agreed with you.
5. To deliver up on our instructions, any securities, deeds, boxes and parcels, held in our joint names.
6. On the death of either or any of us, to hold any credit balance on any credit balance account in the joint names of the survivors (or in the name of the survivor, if there is only one), who shall continue to have all rights of disposal over the joint account to the exclusion of the heirs of the deceased account holder. This instruction is completely binding on us, we will not question the Bank's action in complying with this instruction in any proceedings and such compliance by the Bank will completely discharge the Bank of its obligations towards us.

In the absence of any directions to the contrary, all accounts subsequently opened shall be operated and dealt with upon the terms set out above in so far as the same may be applicable.

We agree that the Bank may without notice combine or consolidate our account(s) with any liabilities to the Bank and set-off or transfer any sum(s) standing to the credit of any such accounts or any other sum(s) owing to us from the Bank in or towards satisfaction of our liabilities to the bank or any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint and that the Bank's rights hereunder shall not be affected by our death or the death of any one or more of us.

We agree that any liability whatsoever incurred by the Bank in respect of the foregoing shall be joint and several.

Date: (dd/mm/yyyy) _____

SIGNATURES.....

DECLARATION (TO BE SIGNED BY ALL APPLICANTS)

1. I/We hereby confirm that the details provided by us in this form and in any other document provided by us to the Bank are correct, true and complete and agree to inform the Bank immediately of any change in the information provided.
2. I/We have read and understood the Bank's General Terms and Conditions for Account holders which are also available on the Bank's website and agree to comply with them.
3. I/We hereby 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 undertake that I/we shall not be, involved, directly or indirectly, either individually or jointly with any other person(s), in any money laundering or terrorist financing activities.
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 identify any inaccuracy and to determine whether any payment was not authorised because of an alteration of a cheque or because of a purported signature by us or on behalf was not authorised. We agree to notify the Bank in writing of any such inaccuracy or unauthorised payment in accordance with the provisions of section 58 of the Banking Act 2004.
5. We authorise the Bank to make any independent enquiries (including but not limited to obtaining a reference from other financial institutions) on any shareholders, directors, beneficial owners, ultimate beneficial owners or authorised signatories in connection with this application
6. I/We authorise the Bank to send statement of accounts, advices and any other correspondences at the address given above or through Internet to my/our email address at my/our own risks. I/We am/are aware that the bank may outsource some of its mailing services to accredited suppliers
7. I (We*) acknowledge that it is my (our) responsibility to understand and comply with all of my (our) tax requirements and commitments in accordance with the laws and regulations in my (our) country of residence and any other relevant jurisdiction, and the resulting consequences. It is also my (our) responsibility to obtain advice from an independent professional (e.g. lawyer, tax advisor, etc.) when necessary. In this context, I (we) confirm that we understand these requirements and obligations and that I am (we are) fully compliant with them. Consequently, I (we) declare that all of my (our) accounts held in the Bank, all of the assets (including cash, securities and other investments) lodged with the Bank in my (our) name(s), and all related income and profits are and shall be declared to the tax authorities (or any other competent body) of my (our) country of residence and any other relevant jurisdiction. I (we) understand that if one of the aforementioned statements or commitments proves to be inaccurate and if I (we) do not correct the situation immediately and provide evidence of such correction to the Bank, the Bank may decide to immediately terminate its relationship with us. I (We) shall assume all potential related damages. The Bank shall not be liable for any loss or damage of any kind which you may suffer or incur as a result of such termination.

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

MARKETING

AfrAsia Bank Limited may from time to time use and share any information concerning us, our transactions and our relationship with AfrAsia Bank Limited, to send us information about products, services and promotions of AfrAsia Bank Limited and its group that AfrAsia Bank Limited believes may be of interest to us.

AfrAsia Bank Limited may from time to time disclose any information concerning us, our transactions and our relationship with AfrAsia Bank Limited, to other companies within the AfrAsia Bank Limited group of companies for them to send you details of their products and services that they believe may be of interest to you.

We wish to be contacted about such products and services and agree to the above Yes No

Date: (dd/mm/yyyy)

Signature/s _____
Name/s: _____

ADDITIONAL DETAILS

To help us to know you better and to ensure we reach our customers more effectively, we would appreciate your response on the two questions below.

How did you first hear about the AfrAsia Brand?

Tick <u>one</u> box from below <input checked="" type="checkbox"/>	Then, please provide its corresponding details below:-
<input type="checkbox"/> Golf Event	Event Location:
<input type="checkbox"/> Other Events	Conference/Other (Name):
<input type="checkbox"/> Friend/Referral	Is he/she an existing client (Yes/No):
<input type="checkbox"/> Advert on Billboard/Magazine	Location/Name:
<input type="checkbox"/> Magazine/Newspaper article	Magazine/Newspaper (Name):
<input type="checkbox"/> AfrAsia Bank Websites	Website Section (Name):
<input type="checkbox"/> Social Media Platforms	Platform (Name):
<input type="checkbox"/> Other websites (Banner/Video ads)	Other website (Name):
<input type="checkbox"/> Branch visit	Branch Location:
<input type="checkbox"/> Mobile App	Mobile App (Name):
<input type="checkbox"/> TV/Radio	TV/Radio (Name):
<input type="checkbox"/> Management Company (MC)	Introducer/ MC (Name):
<input type="checkbox"/> RMs/CSAs	n/a
<input type="checkbox"/> Other	Please define:

What is your favourite hobby? Tick up to **three** boxes

- Golf Theatrical Shows Fishing Gastronomy Cycling
 Literature Horse Racing Cinema Painting Other Music

REQUIRED DOCUMENTS (Indicative Checklist – additional documents may be requested)

Type of customer	NIC recto & Verso copy required	Brief Profile	Passport (Valid)	Proof of address (Recent)	Marriage certificate (in case proof of address is in the name of spouse)	Birth Certificate (in case of minor)	Work/ Residence/ Occupation Permit	Bank Reference
Mauritian Resident	√	√		√	√	√		
Foreign Resident		√	√	√	√	√	√	
Foreign Non-Resident		√	√	√	√	√		√

NOTE: All proof of address and Bank Reference should not be older than 3 months

The Manager
AfrAsia Bank Limited (the “Bank”)

FAX & EMAIL INDEMNITY

Dear Sir

ACCOUNT NAME: _____

EMAIL/S: _____

In consideration of the Bank agreeing to accept instructions from us (or specified agent or representatives) from time to time by fax and above email/s (the “Instructions”) for the operation of any accounts/facilities with the Bank, now or in the future, without requiring written confirmation bearing original signatures in accordance with the mandate for such account(s) before acting on the Instructions:

1. We hereby authorise the Bank to act on the Instructions which the Bank, in its sole discretion, believes to emanate from us and we agree that the Bank shall not be liable for acting in good faith on any unauthorised instructions. The Bank may decline or delay acting on any Instructions for any reason -if such Instructions are incomplete or ambiguous, or cannot be carried out due to insufficient funds or otherwise, or for any reason.

2. We agree that the Bank shall not be under any duty to verify the identity of the person or persons giving the Instructions purportedly in our name and any transaction made pursuant to the Instructions shall be binding upon us, whether made with or without our authority, knowledge or consent.

3. We undertake to keep the Bank indemnified at all times against and to hold the Bank harmless from all actions, proceedings, claims, loss, damages, costs or expenses which may be brought against the Bank or suffered or incurred by the Bank and which shall have arisen either directly or indirectly out of or in connection with the Bank accepting the Instructions and acting thereon.

4. We agree that the Bank, its correspondents and other financial institutions involved in processing remittances may rely on any account or identification information provided by us and will not seek to confirm whether the information specified therein corresponds with the beneficiary or the beneficiary’s bank provided in the payment order. Neither the Bank nor its correspondent bank shall be held liable for any loss, damage or prejudice.

Payment Instructions given by us and executed by the Bank are irrevocable. Under certain circumstances, these Instructions will be exclusively refused by the Bank and without it being in any way liable, however, for any refusal it may make. The Bank will make its best efforts to recall a wire transfer upon our instructions. However, we agree that the Bank cannot guarantee return of funds to us. If the Bank is able to obtain a return of funds, it will credit our account at the Bank’s quoted rate of exchange on that particular date.

We agree to pay the Bank or its correspondents any applicable fees and charges and to reimburse any deductions for any withholding taxes or for any interest and penalties that may have to be paid by the Bank when effecting remittances. We hereby authorise the Bank to deduct any such amount in Mauritius or elsewhere where we may be maintaining accounts. We also acknowledge differences in the timing zones and differences between local and international regulations.

5. We agree to indemnify the Bank against 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 to act on any Instructions received, in accordance with this agreement, including without limitation legal fees and disbursements reasonably incurred by the Bank. The indemnity is in addition to any other indemnity provided to the Bank.

6. This agreement may be terminated by the Bank at any time by verbal or written notice or any other communication means effective upon delivery. We may terminate this agreement at any time by notice in writing delivered to the Bank which shall be effective no later than five business days after delivery to the Bank.

7. We hereby agree that the Bank may act on any Instruction provided by us and such Instructions shall be binding on us without confirmation by the Bank. This Agreement shall remain effective until terminated in accordance with this agreement.

8. /We agree that the terms of this agreement
- are in addition to any terms or mandate that we have provided to you;
- shall be regarded as a request to you and not an obligation upon and not to act in any manner whatsoever;
- this agreement shall be governed by the laws of the Republic of Mauritius. The courts of the Republic of Mauritius shall have non-exclusive jurisdiction to settle any dispute arising out of or in connection with this agreement.

9. We acknowledge that it is our responsibility to understand and comply with all of our tax requirements and commitments in accordance with the laws and regulations in our country of residence and any other relevant jurisdiction, and the resulting consequences. It is also our responsibility to obtain advice from an independent professional (e.g. lawyer, tax advisor, etc.) when necessary. In this context, we confirm that we understand these requirements and obligations and that we are fully compliant with them. Consequently, we declare that all of our accounts held in the Bank, all of the assets (including cash, securities and other investments) lodged with the Bank in our names, and all related income and profits are and shall be declared to the tax authorities (or any other competent body) of our country of residence and any other relevant jurisdiction. We understand that if any of the aforementioned statements or commitments proves to be inaccurate and if we do not correct the situation immediately and provide evidence of such correction to the Bank, the Bank may decide to immediately terminate its relationship with us. The Bank shall not be liable for any loss or damage of any kind which you may suffer or incur as a result of such termination.

Made and Executed on the _____ day of _____

Authorised Signatories

CALL BACK AUTHORISATION MANDATE

Date: _____

The Manager
AfrAsia Bank Limited
Bowen Square, 10 Dr Ferriere Street
Port Louis, Mauritius

I/ We, the authorised signatory (ies) of accounts held at AfrAsia Bank Limited hereby nominate the following person(s) to be called back to confirm facsimile/original transfer/email instructions sent to the Bank signed by me/us and to be called to confirm and agree to the Bank's exchange rates in connection with cross-currency transactions.

Account Name: _____

FIRST NOMINEE

Full Name: _____

ID Number: _____

Call Back Tel Contact Number(s): _____

Signature: _____

SECOND NOMINEE

Full Name: _____

ID Number: _____

Call Back Tel Contact Number(s): _____

Signature: _____

AUTHORISED SIGNATORY(IES)

Full name: _____

Signature: _____ Date: _____

Full name: _____

Signature: _____ Date: _____

I/We hereby confirm that the persons specified above shall be aware of the instructions given by me/us pursuant to this mandate.

INTERNET BANKING APPLICATION (Personal)

FOR BANK USE ONLY - No.: _____

CUSTOMER DETAILS

Surname: _____ First name: _____

User ID: _____ (Choose your User ID - Min 6 alpha-numeric characters)

Service Type: Transact View only

PIN to be communicated by Email

ACC. No./s: _____

Email Address: _____

Mobile Number: _____ - _____
(country and regional code) (mobile number)

PIN

- 🔔 DO NOT DISCLOSE your Password to anyone and DO NOT RECORD it in a way that can be easily copied.
- 🔔 Note that you will be requested to change your password on your first login. If this is not the case, please notify the Bank immediately.
- 🔔 Your password is highly confidential. Bank officers will never ask for your password. In no circumstances should you communicate your password to the Bank officers.
- 🔔 Please notify us immediately if you believe your password has been compromised.
- 🔔 You are solely responsible for securing and maintaining the confidentiality of your password.

***PIN BY EMAIL**

The Customer authorizes the Bank to send the PIN by email to the address mentioned above at the Customer's own risk and peril and the Bank will not be held responsible for any prejudice or loss suffered by the Customer. The Customer must keep the Bank indemnified at all times against all proceedings, claims, loss, damage and expenses which may be brought against the Bank or suffered or incurred by the Bank and which have arisen, directly or indirectly, from the Bank accepting to send the PIN by email. Please DO NOT REPLY or FORWARD the email sent by the bank. PLEASE DELETE this email from your mail box once you have memorized your password.

One Time Passwords

One-Time-Password for Login will be sent by: SMS Email ** Both **

One-Time-Password for Transaction will be sent by: SMS Email ** Both **

****One Time Passwords by Email**

For customer security reasons, the Bank recommends that OTPs only be transmitted by SMS to the Customer's mobile number held on the Bank's records. If for any reason, the Customer should opt for OTPs to be transmitted to the Customer's e-mail address, whether in addition to, or instead of SMS OTPs, the Customer's attention is drawn to clause 12 of the attached Terms and Conditions.

Agreement

I confirm that the information in this Application is true and correct and I agree to be responsible for all transactions through the internet banking services. I confirm having read and understood all the rules relating to the Bank's internet banking services, including the User Agreement, the Bank's General Terms and Conditions (both accessible through the Bank's website) and the attached terms and conditions.

Account holder / Signatory: _____ Date: _____

TERMS & CONDITIONS

1. The registration, activation or use of the One Time Password (OTP) by the Customer will constitute conclusive evidence of the Customer's acceptance to these Terms and Conditions.

2. The OTP is a unique and time-sensitive password used as added security on Internet banking. The OTP does not replace the password (PIN) the Customer uses to log on to Internet banking but provides an additional layer of security. The OTP facility is a service provided by the Bank to its customers to protect the use of Internet banking by the Customer by requiring the Customer to verify his/her identity using an OTP. The OTP will be transmitted to the Customer's contact details held by the Bank for such purpose. The purpose of the OTP facility is to protect the Bank's customers, including the Customer, by reducing the risks of unauthorised account access, identity theft and fraud.

3. The Bank reserves the right to modify or suspend, temporarily or permanently, the OTP, with respect to the Customer or all its customers, with or without notice, where the Bank considers it necessary or advisable to do so, including when the Bank suspects breach of security, or when the Bank has reasonable grounds to suspect that the Customer's registration data is inaccurate, incomplete, or when the Bank needs to suspend the OTP facility for maintenance or other reasons. Any transactions conducted using the OTP facility prior to its suspension will remain valid and the Customer will continue to be bound by these Terms and Conditions in respect of such transactions.

4. Activation - The Customer will comply with any activation procedures that the Bank may from time to time prescribe in order to use the OTP facility.

5. Accuracy of information - The Customer will promptly update his/her contact details, to keep them accurate, and complete, and upon request provide such additional contact details to the Bank as the Bank requires.

6. After the registration and activation of the OTP facility, the Customer will be provided with an OTP when effecting an internet banking transaction. If the Customer is unable to insert the OTP provided by the Bank, within the prescribed period of time, or if the authentication through the OTP facility otherwise fails, the Customer will not be able to effect any transaction.

7. Internet Banking Session Timeout - For the purpose of protecting customer information when using Internet banking, the Bank will require the Customer to choose a session timeout duration. If the Customer is idle during a time period greater than this session timeout duration, the Customer will be logged out of the internet banking portal automatically. The session timeout duration is chosen by the Customer. The Customer assumes all risks associated with such selection.

8. The Customer may incur a delay in receiving the OTP or may be unable to receive the OTP which may inter alia be caused by:

- issues with mobile or other electronic device (including loss of device);
- issues with mobile or internet network or service provider; or
- change in contact details without having informed the Bank.

The Bank will not be liable for any service charge levied by a mobile or internet service provider in connection with the OTP or for any issue associated with the mobile or internet network or service provider.

9. Customer security - The Customer agrees and undertakes to act prudently and in good faith when using the OTP facility. The Customer will be solely responsible for maintaining the confidentiality of the OTP and for any transaction involving the use of the OTP facility. The Customer will not disclose to any other person or otherwise permit or enable any other person to obtain any OTP.

10. The Customer must immediately notify the Bank of any suspected or actual unauthorised use of the OTP.

11. Liabilities and obligations of Customer - The Bank will not be liable for any loss, damage, interruption, delay or non-performance arising out of the Customer's use of the OTP facility or any delay or non-delivery of an OTP, and the Customer agrees to indemnify the Bank in each of these instances. The Customer will be liable for all transactions conducted through Internet banking, with/without the OTP, and whether such OTP was transmitted to the Customer via email or SMS. The Customer is fully liable for all claims, losses and consequences arising out of or in connection with the use of the OTP facility. The Customer confirms that it has taken full responsibility and assumes all liability for fraud, identity theft or unauthorised account access in connection with the OTP facility and the Bank's internet banking services generally.

12. The Customer agrees that the Bank may use, hold, store and/or process, by computer or otherwise, in any location whatsoever, any information given by the Customer in dealings with the Bank, or obtained by the Bank in connection with the OTP and any information relating to the Customer's accounts. The Bank will disclose data only if the Bank has obtained the prior written consent of the Customer, or has a right or duty to disclose.

13. The Customer agrees that all users subscribed to internet banking who have access to initiate, view or authorise transactions (including, but not limited to, salary payments), will have unrestricted and unlimited access. The Customer agrees that the Bank will have no liability to the Customer whatsoever in connection with such users' access.

Should the Customer wish to limit any access of any users, the Customer agrees to open a new account and instruct the Bank accordingly.

In the event of any and all claims, demands, losses, liabilities or expenses, including legal fees, resulting directly or indirectly from any claims of any third party in connection with such users' access to initiate, view or authorise transactions (Claims), the Customer further agrees that the Customer will indemnify, defend and hold harmless the Bank, its directors, officers, employees, agents, successors and assigns from and against any and all such Claims. The Customer confirms that the Customer will take full responsibility and assume any and all liability for unauthorised account access, identity theft and/or fraud.

E-STATEMENT REGISTRATION

Personal accounts

Date: ____ / ____ / ____

Upon registration to the present e-statement service, you will receive all your debit, credit advices and statements related to your accounts by e-mail and free of charge.

1 YOUR PERSONAL DETAILS

Surname: _____

First Names: _____

National ID Number (or Passport Number): _____

2 YOUR CONTACT INFORMATION

E-mail address: _____

Mobile number: _____

3 YOUR SELECTED ACCOUNTS

Account(s) for which you would like to receive e-statements: _____

Are you Account holder or Authorised signatory?

4 YOUR SIGNATURE

In this Signature section, the words "We/us/our" refer to the Customer.

We hereby authorise the Bank to send us, free of charge, our debit, credit advices and statements related to our accounts and/or any other information (the "services") through our valid electronic mail address specified above.

We fully understand and agree that:

a) We will no longer receive paper advices and statements.

b) We must at all times keep the electronic mail address initially given by us specified above active. If we change the electronic mail address initially given by us or the electronic mail address becomes inactive, we shall promptly notify the Bank by calling our Relationship Manager or by fax or electronic mail (but not through the Bank's website) of such change or of the new valid electronic mail address as the case may be. Such notice shall be effective no later than 5 (five) business days after the receipt of the notice by the Bank.

c) Even though the Bank shall ensure at all times that communications via internet are secure, the Bank is not

liable for any viruses and other malware uploaded to our computer devices by third parties or the Bank, its employees or agents. We are responsible for checking any documents for viruses and other malware.

d) The present authorisation shall remain valid until revoked by us through a written notice to our Relationship Manager.

e) These terms and conditions should be read in conjunction with the Bank's standard terms and conditions which can be found online on www.afasiabank.com.

We certify that the above information is true and accurate and we confirm having read and understood the terms and conditions.

Signature: _____

FOR BANK USE ONLY

Customer ID: _____ Date: ____ / ____ / ____

Processed by: _____ Verified by: _____

INDIVIDUAL TAX RESIDENCY SELF-CERTIFICATION FORM

Please complete, where applicable, the relevant sections below in relation to all relevant accounts and provide any additional information/documents as may be required.

CUSTOMER DETAILS

Name of Account Holder			
Current Residence Address			
Mailing Address (if different to the address shown above)			
Date of Birth (dd/mm/yyyy)			
Place of Birth - Town or City of Birth			
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. If a TIN 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).

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 AfrAsia Bank Limited setting out how AfrAsia 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 AfrAsia 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 AfrAsia 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 that AfrAsia Bank Limited and its Officers in the event I would have made any misstatement in this certificate.**

Signature: _____

Date: _____

Print name: _____

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: _____

Account Opening Form Supplement

Indicia of US status

Please confirm signatory’s FATCA status by checking the relevant box:

YES NO

Are you US citizen or resident?	<input type="checkbox"/>	<input type="checkbox"/>
Were you born in the U.S. (U.S. Place of Birth)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a current US residence or mailing address?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have current US telephone number?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have standing instructions to pay amounts from the account to an account maintained in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Have you granted a current power of attorney or signatory authority to a person with a US address?	<input type="checkbox"/>	<input type="checkbox"/>
Do maintain only a US “in-care-of” or “hold mail” address?	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive any payment of interest, dividends, rents, salaries, wages, premiums, annuities, compensations, remunerations, emoluments, and other fixed or determinable annual or periodical gains, profits, and income from sources within the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive any gross proceeds from the sale or other disposition of any property of a type which can produce interest or dividends from sources within the United States?	<input type="checkbox"/>	<input type="checkbox"/>

US Taxpayer Identification Number: _____ Foreign Tax Identification Number: _____

I hereby confirm that the information provided above is true, accurate and complete and the submitted documents are genuine and duly executed.

In addition to the General Terms and Conditions of the Bank and any other document governing my agreement with AfrAsia Bank Limited, subject to applicable local laws, I hereby consent for AfrAsia Bank Limited to share my information with domestic and overseas regulators and tax authorities where necessary to establish my tax liability in any jurisdiction.

I undertake to notify the Bank within 30 days if there is change in any information which has been provided to the Bank.

Client’s Name _____ Client’s Signature _____

Date _____

For Bank use only: To be filled by Relationship Manager/Customer Service Assistant

Bank’s assessment on customer’s FATCA classification : Customer is a US Non US

Declaration and Acknowledgement

CIF _____ RM/ CSA Signature _____ Date _____