

CUSTOMER INFORMATION FORM

SECTION A: CUSTOMER DETAILS

Please tick (\checkmark) where appropriate			
Title:	(Mr, Mrs, Miss, Dr, Minor)	Honorary Title:	
Family Name:			
Given Name(s):			
Maiden Name (where applicable):			
Date of Birth:		Place of Birth:	
DD MM NIC:	YYYY		
CONTACT DETAILS			
Residential Address			
Street:			
Postal Code:			
City:			
Country:			
Mailing Address (if different):			
Street:			
Province, State or Town:			
Postal Code:			
City:			
Country:			
E-Mail Address			
Phone Number			
Home:	Mobile:	Mobile Network Operator:	
PURPOSE OF RELATIONSHIP:			
Below information to be provided, un	nless already included in Cu	urriculum Vitae.	
Marital Status: Married	Divorced	Single Unmarried Couple	Widowed
OTHER DETAILS			
Education Level: Secondary Inco		econdary Complete Technical Professional Qualification	

Self Employed		Private	Public		Parast	atal		Governm	ent		Others
Working permit: Yes		No	Expiry date:								
Employer's Name (if not self-	emplo	oyed):									
lob Description:											
Employed since:											
SOURCE OF FUNDS (INCOME/REVENUE)											
Source Typ			Amount				cc	CY	Fr	equer	ncy
Salary											
Rent											
Business Income											
Dividend											
Pension											
Interest											
Other (Please specify):											
SECTION B:TAX RESI	o fina	ıncial institu	itions require MCB Leasir					eport certain inf	ormation a	bout	each account
holder's/Beneficial Owner's (I	,		•			•					
Please complete, where appl required to share this informa account holder/B.O may be t	ation	through the								-	
If you have any questions about how to complete this form including defining your tax residency status, please contact your tax adviser or local tax authority.											
You can also find out more details about the information automatic-exchange/		-		_	_				-		_
You can find more information	abou	ıt the impler	mentation of FATCA in Mau	ritius at	http:/	/www	.mra.r	mu/download/F	ATCAGui	dance	1405 5.pdf
For the purposes of taxation, I hereby certify that I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each additional country is set out below or I have indicated that a TIN/functional equivalent is unavailable.											
Jurisdiction(s) o	f res	idence for	tax purposes					TIN			

OCCUPATION

The term "Tax Regulations" refers to regulations implemented in Mauritius to enable automatic exchange of financial account information and include the Agreement for the Exchange of Information Relating to Taxes (United States of America- FATCA Implementation), Regulations 2014 and the regulations implemented in connection with the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information (CRS).

If no TIN available, please provide the appropriate reason by to The country where you are liable to pay tax does not iss Any other reason. Please specify.	
Any other reason. Flease specify.	
If you are a citizen of the United States of America (Uresidence, if different).	JSA), please provide your TIN in the table above (in addition to your country o
SECTION C: AUTHORISATIONS AND UNDER	TAKINGS
	irectly, to domestic and/or overseas tax authorities any information MCB Leasin iis form on behalf of the account holder, on the account holder/beneficial owner), a o exchange financial account information.
I declare that all the information provided on this form is of designated Responsible Officer in the event I would have mad	correct and complete and I undertake to indemnify MCB Leasing Limited and it le any misstatement in this certificate.
	ould any certification on this statement become incorrect or incomplete.
(S)	Name:
Date:	
FO	R OFFICE USE ONLY
CIR:	Face to Face: Yes No
Special Instructions:	
Special instructions.	
Input by:	(S)
User ID:	BU Name:
Verified by:	(S)
User ID:	BU Name: