

APPLICATION FOR BUSINESS ACCOUNTS

This form can be fille	ed in on a c	omputer; al	ternatively pl	ease print a	nd complete field	ls in CAPIT/	AL letters usir	ig black in	k and tick (✓) where a	opropriate.
1. General Info	rmation										
Name of Company	/Entity/Le	egal Arrang	ement:								
Incorporation/Reg Where applicable	istration N	Number:									
Legal status:	Privat	e Company	y ¹	Trust ²		Socié	été		Partnersl	nip²	
	Found	dation ²		Public List	ed Company	Asso	ciation ²		Non Prof	it Organisa	tion ²
	Syndia	cat de Co-p	ropriete		Other, ple	ase specif	y:				
¹ For Private company: I ² ² To provide a letter of u For Public Listed C	ndertaking as	s per template	e in Annexure 3.		in Annexure 3.						
Name(s) of the Sto	ock Exchan	nge:									
Name of Majority- Subsidiary of such Where applicable		ny:									
Date of Incorporat Establishment:	ion/		/	1	(dd/mn	n/yyyy)					
Country of Incorpo Establishment:	oration/										
Or proper law of trust as	s applicable										
Country of Control				6							
Country of control refer	s to the coun	itry where the	strategic decisi	ons of an entit	y are taken						
Contact Details											
Mailing Address: (I	f different fro	om registered	address)								
Street & city											
Postal Code:						Cour	ntry:				
Contact Person De	etails										
Title: Mr	M	rs N	liss								
First Name:											
Last Name:											
Phone Number:											
Firedly											
Email: Maximum of 40 charact	orc										
waximum of 40 charact	e15										

F 1596

2. Business Plan

Details of Business Activity

Guidance Note: Please provide a detailed description of your business activity regarding the mode of operations of the business, sectors of investments, identified counterparties (buyers/suppliers/service providers). If the space provided is not sufficient, required information can be enclosed as additional sheet(s) duly signed by Authorised Signatories.

Targeted Markets/ Details of Clients and Partners

Top 5 countries where the income or business activity shall be generated

(The percentage of estimated income shall aggregate to 80% if less than 5 countries are listed) Out of the targeted countries specified in below table, kindly confirm the main centre of economic interest (only 1 country) (Main country from which income is derived)

Top 5 Targeted Countries	Estimated % of income	Main Centre of Economic Interest Select (<) only 1 country

Source of Fund:

Guidance Note: Please describe how funds have been derived to set up, operate and meet the objectives of the Company. Additional information or supporting documents may eventually be requested to sustain the elements provided

Projected Financials						
		Year (yyyy)				
Currency:	2 0	2 0	2 0			
Revenue						
Expenses						
Net Income						

Expected Account Activity						
			Year	(уууу)		
Currency:	2 0		2 0		2 0	
Estimated Monthly Inflow				,		
Estimated Monthly Outflow	,			,		
Estimated Number		Inflows			Outflows	
Estimated Number & Value of Monthly Transactions	Numbers	Va	alue	Numbers	Value	
		,				

Is the company currently holding or previously held account(s) with other banks?

Yes If yes, please provide a bank reference letter (dated less than 3 months) and statements of accounts for the last 6 months.

No

For Association and Société:

In case your Association or Société is entitled for a Business Registration Card, please provide a copy of Business Registration card.

3. Current Account(s) Requirement Details

Please specify the number and currency of accounts to be opened below:

Currency	MUR	USD	GBP	EUR	ZAR	AUD			
Number of Accounts									
For Other Currency	Please indicate	Please indicate the number and other currency:							
Please indicate all currency accour	nts required								
Please specify on which FCY account to charge the 'Admin Fee': Currency: e.g. EUR, USD									
Where applicable, please d	ebit my account wit	h charges relative to	the selected freque	ency.					
Statement Frequency:	Daily	Monthly							
Cheque Book: Yes No If yes, specify the number of sheets: 50 100 200 For MUR account only For MUR account only </th									
Branch for collection of cheque book(s):									
Please refer to MCB Website for applicable fees and charges.									

4. Internet Banking Registration

Users Profile Definition

Definition of the users of MCB IB Service.

Signatory IB User:

All signatories appointed on account will by default be entitled to authorise transactions on IB including Bulk Payment.

The Authorised User(s) empowered by the company and accepted by the MCB to: (i) sign, initiate and authorise within the powers delegated to him, instructions transmitted. (ii) access or use MCB IB in respect of the above (except initiation), via the authentication tool application.

All Authorised Signatories shall 'ipso facto' be entitled to access and operate the Customer's accounts as Authorised IB User. The Authorised Signatories appointed for Trade Finance and Bank Guarantee operations will by default be entitled to authorise Trade Finance and Bank Guarantee transactions on IB.

Basic IB User:

An Authorised User empowered by the Customer and accepted by The MCB to:

(i) view, on MCB IB, the account(s) opened by the Customer

(ii) initiate instruction(s) and request(s) transmitted through MCB IB including any Trade Finance and Bank Guarantee transactions on IB.

General Note: All the statements and advices will be available digitally.

List of IB Users (Basic and Signatory Users)

(All Users who will have access to IB will have to be defined in this section) (In case more than 5 IB Users are required, please complete Annexure 1- List of IB Users)

I/We* give hereunder the name(s) of the Authorised Users together with their relevant profile and access on IB:

User Number	User Details ¹ **User Name Format: Title, First Name and Last Name	User Access Applicable for Basic Users		
User N	***National ID/Passport Number: Not applicable for existing Corporate IB User ****Email: Maximum 40 characters. Mandatory field	Bulk Payment (Access to all Accounts)	Cards (Access to all Accounts)	
1	***User Name: ****National ID/: Passport ****Email ² : ****Email ² : ****Email ² : Country Code: + Mobile Number ³ : Mobile Network Operator ⁴ : Emtel My.t MTML			
2.	***User Name: ****National ID/: Passport ****Email ² : ****Email ² : ****Email ² : Country Code: + Mobile Network Operator ⁴ : Emtel My.t MTML			
3.	**User Name: ***National ID/: Passport ****Email ² : Country Code: + Mobile Number ³ : Mobile Network Operator ⁴ : Emtel My.t MTML			

User Number	User Details ¹ **User Name Format: Title, First Name and Last Name		User Access Applicable for Basic Users		
User N	***National ID/Passport Number: Not applicable for existing Corporate IB User ****Email: Maximum 40 characters. Mandatory field	Bulk Payment (Access to all Accounts)	Credit Card (Access to all Accounts)		
	**User Name:				
	***National ID/: Passport				
4.	•••••Email ² :				
	Country Code: + Mobile Number ³ :				
	Mobile Network Operator ⁴ : Emtel My.t MTML				
	**User Name:				
	***National ID/: Passport				
5.	****Email ² :				
	Country Code: + Mobile Number ³ :				
	Mobile Network Operator ⁴ : Emtel My.t MTML				

¹ Please provide us with a certified true copy of passport/identity card with clear photographic image of the above user(s) if he/they is/are not MCB Customer(s).
 ² Email address is compulsory: (i) Should not be a group email address; (ii) The email address will be considered as the USER ID (as per login protocol).
 ³ Mobile number is compulsory. The Mobile Number will be considered as the User Id (as per the login protocol). The mobile number provided in this form shall be for receiving via SMS: (ii) One-Time Password for activation of the authentication tool for IB Signatory Users only; (iii) Notifications relating to IB transactions for IB Signatory Users only.
 ⁴ Mobile Network Operator: Applicable for local number only.

General Note: For Corporate IB purposes, the email address and mobile number provided by the user may be different from his/her personal email address and mobile number and will not impact on his/her individual customer records with the Bank.

5. Declaration on Beneficial Owner(s) or Controlling Person(s)

This section is not applicable for a company listed on a stock exchange or if such a company is a majority-owned subsidiary of a listed company.

In line with the mandatory AML/CFT provisions of the Financial Intelligence and Anti-Money Laundering Act 2002, the Financial Intelligence and Anti-Money Laundering Regulations 2018, the Bank of Mauritius Guideline on Anti-Money Laundering and Combating the Financing of Terrorism and Proliferation 2020 and the Financial Services Commission Anti-Money Laundering and Combating the Financing of Terrorism Handbook 2020 (as amended from time to time):

I/We* herein acting on behalf of the above-named Customer hereby declare that the beneficial owner(s) of the Customer (i.e. individual(s) who ultimately own(s) or effectively control(s) the Customer, irrespective of shareholding) is/are as follows:

Details of Beneficial Owner(s) (Please provide details on beneficial owner(s) who own or have an effective interest of 20% or more)

(Please refer to F1760A-	Guidance notes-	Beneficial	Ownership	Declaration
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First Name	Last Name	National ID/ Passport Number	Company Title/ Capacity at level of Entity/ Legal Arrangement	Effective Interest (%)

If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorised Signatories.

The Mauritius Commercial Bank Limited may request for further information and/or documents, deemed necessary, to complete its due diligence process from a risk based approach.

6. Tax Compliance – International Exchange of Information Agreement Entity Self-Certification

SECTION A - Entity Classification

Please refer to F2064A - Guidance Notes Tax Compliance Self Certification for definition of some terms and acronyms used in this section.

Entity Classified as:

US Person

Non Financial Institution (NFI)

Financial Institution (FI)

If Financial Institutions (FI) selected, please complete Annexure 2 - Tax Compliance – Financial Institutions (FI) - International Exchange of information agreement - entity self-certification.

SECTION B - Tax Compliance Details

The following Section is applicable only if entity is classified as either a US Person or a Non Financial Institution (NFI). If entity is not impacted by FATCA requirements, please proceed directly to Section 2.2 CRS.

1. US Person

Specified US Person Section 4.1 needs to be completed

2. Non-Financial Institution (NFI)

2.1 FATCA

How do you describe your entity/organisation?

An Active Non-Financial Foreign Entity (Active NFFE)

Direct Reporting Non-Financial Foreign Entity (Direct Reporting NFFE)

Passive Non-Financial Foreign Entity (Passive NFFE) Section 3 needs to be completed for each of your controlling persons who holds more than 20% of ownership.

If you are a direct reporting NFFE please provide your GIIN or the GIIN of your sponsoring entity/organisation and the name of the sponsoring entity/organisation:

An Active NFE - a government entity or a Central Bank

An Active NFE other than above e.g. a start-up NFE

An Active NFE - an international organisation

A Passive NFE

Please complete Section 3 for each of your controlling persons.

3. Entity Certification

If entity is a passive NFE, please complete following section for each of your controlling persons.

	Controlling Persons	Address	Tax Residence(s) List all	TIN(s) Provide all	Alternate Identification Type	Alternate Identification Number	Date of Birth (dd/mm/yyyy)	Controlling Person's status
1.								
2.								
3.								
4.								
5.								

If no TIN is available, please provide the appropriate reason by ticking one of the boxes below and kindly submit an Alternate Identification Number (e.g. social security number/ national insurance number/ citizen or personal identification code or number/ resident registration number) specifying the type thereof.

The country where the controlling person is liable to pay tax does not issue TINs to its residents.

Any other reason, please specify:

In the event that any one of the controlling persons confirms that he has no residence for tax purposes, he will be required to provide a reasonable explanation and the relevant supporting documentation thereof.

4. Tax Residency Information

4.1. Applicable for Specified US Person

US TIN:

4.2. Applicable for other jurisdictions (CRS) (Please indicate which country(ies) and provide all TIN(s) applicable)

	Jurisdiction(s) of Residence for Tax Purposes	TIN	Alternate Identification Type	Alternate Identification Number
1.				
2.				
3.				

If no TIN is available, please provide the appropriate reason by ticking one of the boxes below and kindly submit an Alternate Identification Number (e.g. company registration number/resident registration number) specifying the type thereof.

The country where you are liable to pay tax does not issue TINs to its residents.

Any other reason, please specify:

CUSTOMER DECLARATIONS

- 1. I/We^{*} authorise MCB Ltd to provide information contained in this form and information regarding the entity/controlling persons and any accounts maintained by MCB Ltd, directly or indirectly, to domestic and/or overseas tax authorities, as may be required pursuant to intergovernmental agreements to exchange financial account information and/or the Tax Regulations.
- 2. I/We* certify that I/we* am/are* authorised to sign for and on behalf of the entity in respect of all the account(s) to which this form relates.
- 3. I/We* undertake to notify MCB Ltd within 30 days of any change in circumstances which affects the tax residency status of the entity and/ or to the above information (including changes to the information on controlling persons) and to provide MCB Ltd with a suitably updated self-certification form within 30 days of such change in circumstances. I/We* declare that all the information provided in this form is true, correct and complete and I/we* undertake to indemnify MCB Ltd and its Officers in the event I/we* would have made any misstatement in this certificate.
- 4. I/We* certify that I/we* have the capacity to sign for the entity identified in SECTION 1 of this form.

I/We^{*} also confirm that, as per section 44 (1) of the Companies Act 2001, that:

the company has not adopted a constitution/Memorandum & Article of Association.

the company has adopted a constitution/Memorandum & Article of Association, in which case I/we^{*} undertake to submit certified true copy of relative documents.

As signatory(ies), I/we* acknowledge that I/we* have read and agree to the Terms and Conditions Governing Data Protection and Processing, accessible on MCB website, and the General Terms and Conditions Governing Current Accounts. I/We* confirm that I/we* have read and agree to the Terms and Conditions detailed herewith.

Authorised Signatory(ies)

	Acknowledgement of Terms and Conditions:			Acknowledgement of Terms and Conditions:		
		"Read and understood" in customer's handwriting			"Read and understood" in customer's handwriting	
	Signature:			Signature:		
				If more than one signature needed		
	Name:			Name:		
~	Capacity:			Capacity:		
/ii						
	Signature:			Signature:		
	If more than two signatures			If more than three signatures		
	needed			needed		
	Name:			Name:		
	Capacity:			Capacity:		
	Date:	/ / / (dd/mm/	уууу)			

* Strike out and initial as appropriate

GENERAL TERMS AND CONDITIONS GOVERNING CURRENT ACCOUNTS

- 1. In conformity with article 2150-1 and following the Mauritian Civil Code, the Bank is entitled to set off debit and credit balances of the accounts of the applicant/client in case of default of any of the applicant/client's obligations towards the Bank.
- 2. No drawings shall be accepted against lodgements not yet entered in the Bank's books; drawings against cheques (or other financial instruments) will be authorised only after the clearance of such effects and, in the event of any cheques being returned, the amounts of the cheques will be debited to the respective accounts accordingly.
- 3. The client certifies that all lodgements to the account(s) do not directly or indirectly originate from any illicit financial activity.
- 4. The client undertakes to notify the Bank in writing of any change of address or of any other changes concerning the accounts. Any document, letter, notice sent by the Bank to the client by post or delivered by hand to its last known address shall be deemed to have duly reached it. In consequence, the Bank is hereby discharged from all liabilities resulting from any failure on the part of the client to notify it of any changes.
- 5. The Bank is entitled, in its sole and absolute discretion, to allow overdrafts and to process payment/transfer instructions.
- 6. In the presence of various instructions, the total amount of which exceeds the available balance on the account to be debited and/or the credit limit granted, the Bank shall be entitled to determine in its sole and absolute discretion, which instruction(s) should be executed, regardless of the date which it/they bear(s) or that on which it/they was/were received.
- The Bank shall not be liable for delays or errors in carrying out instructions which arise as a result of incorrect, incomplete, misleading or illegible information received from the client, including any misdirection resulting from incorrect, incomplete or contradictory details in transfer instructions.
- 8. The correctness of each statement of account and balance received shall be duly verified by the client who shall notify the Bank in writing in case of any objections relating to the said statement in accordance with the provisions of section 58 of the Banking Act, 2004.
- 9. The Bank is entitled to debit the account(s) with any interest, fees, charges, commission, expenses and disbursements related to services rendered. Such interest, fees, charges, commissions or any other costs will be in accordance with the Bank's usual rates which may be unilaterally amended from time to time and brought to the attention of the clients in such manner as decided by the Bank.
- 10. The Bank is compelled by law to treat data pertaining to its client and related to its business relationship with the client (hereinafter "Client Data") as confidential.
- 11. The client agrees that the Bank is entitled to disclose Client Data in order to comply with legal and/or regulatory obligations as well as to safeguard its legitimate interests. This applies in particular to transactions relating to foreign countries in so far as applicable norms demand disclosure, for example to correspondent banks to process the transactions and/or to relevant authorities.
- 12. The Bank may close the account(s) at any time by giving to the client 30 days notice in writing at the client's last known address.
- 13. The present account(s) mandate(s) shall be governed by and construed in accordance with the laws of the Republic of Mauritius as may be amended from time to time. Any legal action or proceeding arising out of or in connection with this agreement shall be submitted to the jurisdiction of the Courts of Mauritius.
- 14. All authorised signatories, previously designated by the Customer and other person as from time to time mandated by the Customer, to operate its accounts shall, unless otherwise expressly stipulated by the Customer by way of a board resolution, be "ipso facto" entitled to access and operate the account(s) through MCB IB as a Signatory IB User.
- 15. The Bank may open the Account at its discretion. The Bank reserves the right not to open the Account if it does not meet the criteria as per its internal policies.

The Bank reserves the right to reject an application for the opening of an Account if the information provided is incomplete.

16. The client acknowledges having taken cognizance of the rates, fees and charges as set out in the Bank's tariff guide and as amended or supplemented from time to time. The Bank's tariff guide is made available to the Client on the Bank's website.

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Annexure 1 List of IB Users (Basic and Signatory Users)

User Number	User Details ¹ **User Name Format: Title, First Name and Last Name	User Access Applicable for Basic Users		
Num	***National ID/Passport Number: Not applicable for existing Corporate IB User ****Email: Maximum 40 characters. Mandatory field	Bulk Payment (Access to all Accounts)	Credit Card (Access to all Accounts)	
	User Name: *National ID/: Passport ****Email ² : Country Code: + Mobile Number ³ : Mobile Network Operator ⁴ : Emtel My.t MTML			
	User Name: *National ID/: Passport ****Email ² : Country Code: + Mobile Number ³ : Mobile Network Operator ⁴ : Emtel My.t MTML			
	User Name: *National ID/: Passport ****Email ² : Country Code: + Mobile Number ³ : Mobile Network Operator ⁴ : Emtel My.t MTML			
	User Name: *National ID/: Passport ****Email ² : Country Code: + Mobile Number ³ : Mobile Network Operator ⁴ : Emtel My.t MTML			
	User Name: *National ID/: Passport ****Email ² : Country Code: + Mobile Number ³ : Mobile Network Operator ⁴ : Emtel My.t MTML			

¹ Please provide us with a certified true copy of passport/identity card with clear photographic image of the above user(s) if he/they is/are not MCB Customer(s).

² Email address is compulsory: (i) Should not be a group email address; (ii) The email address will be considered as the USER ID (as per login protocol).

³ Mobile number is compulsory. The Mobile Number will be considered as the User Id (as per the login protocol). The mobile number provided in this form shall be for receiving via SMS: (ii) One-Time Password for activation of the authentication tool for IB Signatory Users only; (iii) Notifications relating to IB transactions for IB Signatory Users only. ⁴ Mobile Network Operator: Applicable for local number only.

General Note: For Corporate IB purposes, the email address and mobile number provided by the user may be different from his/her personal email address and mobile number and will not impact on his/her individual customer records with the Bank.

Annexure 2 Tax Compliance – International Exchange of information agreement entity self-certification Applicable for entity classified as Financial Institutions (FI)

	Entity Classification FATCA Which FI description applies to your entity/organisation?					
	Participating Foreign Financial Institution	Registered Deemed Compliant Financial Institution				
(ii)	What is your entity's/organisation's GIIN?					
(iii)	How do you describe your entity/organisation?					
	A Participating Financial Institution in an IGA and has not yet obtained a GIIN.	Intends to apply for a GIIN.				
	An Exempt Beneficial Owner.	A Deemed Certified Compliant Financial Institution.				
	An Owner Documented Financial Institution.	A Non-Participating Foreign Financial Institution.				
1.2	CRS					
Но	v do you describe your entity/organisation?					
	Depository Institution Custodial Institution	Specified Insurance Company				
	An investment entity/organisation located in a non-participating jurisdiction and managed by another FI Please complete Section 3 for each of your controlling persons.					
	Any other investment entity/organisation					

2. Entity Certification

If entity is an investment entity/organisation located in a non-participating jurisdiction and managed by another FI, please complete following section for each of your controlling persons.

Please continue on a separate sheet if necessary, signing, dating and attaching the sheet to this form.

	Controlling Persons	Tax Residence(s) List all	TIN(s) Provide all	Alternate Identification Type	Alternate Identification Number	Controlling Person's status
1.						
2.						
3.						
4.						

If no TIN is available, please provide the appropriate reason by ticking one of the boxes below and kindly submit an Alternate Identification Number (e.g. social security number/ national insurance number/ citizen or personal identification code or number/ resident registration number) specifying the type thereof.

The country where the controlling person is liable to pay tax does not issue TINs to its residents.

Any other reason, please specify:

In the event that any one of the controlling persons confirms that he has no residence for tax purposes, he will be required to provide a reasonable explanation and the relevant supporting documentation thereof.

3. Tax Residency Information

Please indicate which country(ies) and provide all TIN(s) applicable.

	Jurisdiction(s) of Residence for Tax Purposes	TIN	Alternate Identification Type	Alternate Identification Number
1.				
2.				
3.				
	TIN is available, please provide th ber (e.g. company registration num	, , ,		submit an Alternate Identification

The country where you are liable to pay tax does not issue TINs to its residents.

Any other reason, please specify:

Please sign	below:	
	Signature:	Signature: If more than one signature needed
Ĩ	Name:	Name:
	Signature:	Signature:
	If more than two signatures needed	If more than three signatures needed
	Name:	Name:
	Date: / / (dd/mm/yyyy)	
	If you have signed under a power of attorney, please also attach a certified copy o	f the power of attorney.

Annexure 3 Letter of Undertaking Template

We,				, as trustee of the trust:			
(i) undertake to provide the name/s of beneficiaries and CDD documents to the Bank at the time of distribution.							
(ii) underta	ake to inform	the Bank of any material change in the trust o	r in its operations.				
(iii) are awa	ire of the true	identity of all the underlying principals, i.e., the	e settlor/named beneficia	aries, and that there are no anonymous principals			
•	Signature:		Signature:				
11			If more than one signature				
	Name:		needed				
	Name.		Name:				
Limited Pa	artnership						
We,				, as General Partner:			
(i) Underta	ake to inform	the Bank of any material change in the partne	rship or in its operations.				
(ii) Confirm	n there are no	changes since origin or last amendment, if the	e partnership has been in	existence for more than one year.			
	Signature:		Signature:				
12			If more than				
			one signature needed				
	Name:		Name:				
Fund/Collective Investment Schemes (CIS)							
Fund/Coll	ective Inves	tment Schemes (CIS)					
Fund/Coll We,	ective Inves	tment Schemes (CIS)		, fund manager/administrator,			
We,		tment Schemes (CIS) of investors holding 20% or more, where such	percentage interest is re				
We,	to provide list						
We,			Signature:				
We,	to provide list		Signature:				
We,	to provide list		Signature: If more than one signature	, fund manager/administrator, eached by any investor.			
We,	to provide list Signature:		Signature: If more than one signature needed				
We,	to provide list Signature: Name:		Signature: If more than one signature needed				
We, undertake t	to provide list Signature: Name:		Signature: If more than one signature needed				
We, undertake t	to provide list Signature: Name: ns		Signature: If more than one signature needed	eached by any investor.			
We, undertake t	to provide list Signature: Name: Ins		Signature: If more than one signature needed Name:	eached by any investor.			
We, undertake t Foundatio We, undertake t (i) Submit	to provide list Signature: Name: Ins	of investors holding 20% or more, where such	Signature: If more than one signature needed Name: k at the time of appointm	eached by any investor.			
We, undertake t Foundatio We, undertake t (i) Submit	to provide list Signature: Name: ns to: the name/s o Member(s)/S	of investors holding 20% or more, where such	Signature: If more than one signature needed Name: k at the time of appointre hange in the foundation of	eached by any investor.			
We, undertake t Foundatio We, undertake t (i) Submit	to provide list Signature: Name: Ins	of investors holding 20% or more, where such	Signature: If more than one signature needed Name: k at the time of appointmange in the foundation of Signature:	eached by any investor.			
We, undertake t Foundatio We, undertake t (i) Submit	to provide list Signature: Name: ns to: the name/s o Member(s)/S	of investors holding 20% or more, where such	Signature: If more than one signature needed Name: k at the time of appointre hange in the foundation of	eached by any investor.			

Non Profit Organisations (NPOs)

We,

, certify that:

- 1. Our NPO is duly registered with the relevant regulatory body and abides by all the relevant statutory requirements. The NPO operates strictly in accordance with the purpose and scope as described in its objects / business plan.
- 2. We have taken appropriate measures to establish the source of funds of our donors and confirm that we do not accept more than MUR 500,000 in cash from any person. Simultaneously, the application of funds will be in strict conformity with the scope of the NPO.
- 3. We undertake to verify with the bank before soliciting donations originating from overseas countries and/or before effecting cross border transactions failing which, we understand that the bank may not proceed with the transaction.
- 4. We undertake to provide, without undue delay, any additional documentary evidence the Bank may request.
- 5. In line with the above, we undertake to appoint an independent auditor (registered with Mauritius Institute of Professional Accountants) upon request from the Bank.
- 6. We will not enter business with individuals/entities that cause us to suspect that they are engaged in money laundering, terrorist financing, proliferation financing or any other form of criminal conduct. Should we subsequently become suspicious, we shall without delay inform the Bank.
- 7. We also undertake to advise of any change in status of the NPO.
- 8. We hereby expressly declare that we have never been involved nor are we currently involved, directly or indirectly, either individually or together with any individual/entity, in any money laundering or terrorist financing activities, proliferation financing, including but not limited to:
 - (a) being engaged in any transaction that involves property which is, or in whole or in part directly or indirectly represents, the proceeds of any crime; and
 - (b) receiving, being in possession of, concealing, disguising, transferring, converting, disposing of, removing from or bringing into Mauritius any property which is, or in whole or in part directly or indirectly represents, the proceeds of any crime.
 - (c) we hereby most formally and solemnly affirm that the declarations made above are true, complete and accurate in all respects, and undertake to immediately notify The Mauritius Commercial Bank Limited of any act or thing which would render the above declarations inaccurate and untrue.
 - (d) we hereby expressly agree that we shall remain personally liable towards The Mauritius Commercial Bank Limited for any misrepresentation in relation to the above declarations and any act or thing which would render the above declarations inaccurate and untrue, and we hereby irrevocably and unconditionally undertake to indemnify and to keep The Mauritius Commercial Bank Limited indemnified at all times against any liability incurred by, or in respect of any proceedings or actions brought against The Mauritius Commercial Bank Limited arising out of such misrepresentation, act or thing.
- 9. Should there be any change in regards to the purpose and scope of the NPO, subsequently to this Letter, we undertake to inform the Bank in writing, without undue delay.

	Signature:	Signature:	
Ì		If more than one signature needed	
	Name:	Name:	