



DEPOSIT TAKING

Application Form (Individual)

The Director

SICOM Financial Services Ltd
Sir Cécilcourt Antelme Street
PORT LOUIS

Account Number

□ □ □ □ □ □ □ □

Date:

Dear Sir,

I tender the sum of Rs..... (Rupees:) in your company
for a fixed period of months at % p.a payable

Please accept the deposit as hereunder:-

A. CUSTOMER DETAILS

TITLE: GENDER:

SURNAME/S: (1).

FIRST NAME/S:

ALIASES/PREVIOUS NAME:

MAIDEN NAME

DATE OF BIRTH:

PLACE OF BIRTH:

RESIDENTIAL ADDRESS:

MAILING ADDRESS:

NATIONAL ID CARD NO: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

PASSPORT: DRIVING
EXPIRY DATE LICENSE:

OTHER ID: NATIONALITY:

MARITAL STATUS:

SOURCE OF FUND:

TELEPHONE NO (Res): TELEPHONE NO (Off):.....

TELEPHONE NO (Mob): FAX:

PAY MODE (CASH /CHEQUE/BANK TRANSFER).....

B. EMPLOYMENT DETAILS

OCCUPATION/PROFESSION:

IN CASE OF FOREIGN RESIDENT:

RESIDENCE PERMIT NO

EXPIRY DATE:

EMPLOYER'S NAME:

IF RETIRED, NAME OF PREVIOUS EMPLOYER.....

EMPLOYER'S ADDRESS:.....

EMPLOYER'S PHONE NUMBER:

BUSINESS REGISTRATION NUMBER (If Self-Employed):

C. Interest on this Deposit shall be paid as follows:

by Cheque
 Tick as appropriate by crediting of Current/Saving Account
 number.....
 in the name/s of.....
 with

D. COMPLETE THIS PART ONLY IF YOU ARE A CITIZEN OR A TAX RESIDENT OF A COUNTRY OTHER THAN MAURITIUS

Country of Tax Residence 1/2	1	1
Tax identification No 1/No 2 (TIN)	1	1

Note: If you are a tax resident in more than 2 countries, please provide the above details in a separate sheet.

E. DECLARATION OF ULTIMATE BENEFICIAL OWNER:

SELF
 BOTH
 MINOR
 OTHERS (PLEASE SPECIFY)

F. Special Instructions

I hereby authorize SICOM Financial Services Ltd to renew the above deposit automatically for the same period at maturity date at the then prevailing rate of interest unless instructions in writing are given by us at least five working days before maturity date.

Other special instructions by depositor(s):

G. Declaration and signatures

- a) I authorize SICOM Financial Services Ltd to obtain independent verification of any data provided.
- b) I authorize SICOM Financial Services Ltd to send statement of accounts, advices or any other correspondence at the address given above at my own risk and perils.
- c) I declare that all information provided is true and correct and agree to inform SICOM Financial Services Ltd of any change in the information provided.
- d) I agree that SICOM Financial Services Ltd may request further documentary evidence to be provided with respect to information given by me in this application form.

Signature:

Date:

H. Customer Feedback

We value your feedback on the quality of our service. In this respect, please take a few minutes to fill in the form, which can be accessed on the Company's website www.sicom.mu under the section 'contact'. Should you wish to make a complaint, important information that will help you in such a situation is found in our Customer Feedback Leaflet, which can be accessed on the Company's website or which can be made available in hard copy upon request.

I. Documents annexed to this application:

Photocopy:

- National Identity Card
- Current valid passport
- Current valid driving license
- Armed Forces Identity Card

Original:

- Utility bill (not more than 3 months)
- Bank Reference (not more than 3 months)
- Bank/Credit Card Statement (not more than 3 months)

- J. In case of early encashment of the Fixed Deposit, interest already accrued will be recomputed on the basis of the rate applicable at the preceding Term or at the Savings Rate, whichever rate is the lower. For example, if the Fixed Deposit is for a term of 5 years and it is cancelled in Year 3.75, then the interest rate shall be recalculated as follows: 5yrs interest rate minus 3yrs interest rate. Any excess interest which have been paid will be deducted from the capital amount.

Signature:.....

- K. I have read SICOM Group's Privacy Policy and I agree to the collection, use, storage and disclosure of my personal data set forth in the Privacy Policy. I have taken note that the Privacy Policy can be availed of on the Group's website.

Please tick [] the appropriate boxes below:

- I agree to receive special offers / promotional items or updates on SICOM Group's services either by post, telephone, e-mail, sms, or any other electronic medium.
- I agree to be contacted for market research purposes and surveys, as part of SICOM Group's ongoing efforts

(Please note that you may withdraw your consent for Marketing at any time by contacting us at compliance@sicom.mu)

Account Number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

L. FOR OFFICE USE ONLY

1 I certify having duly verified the full identity of the applicant, seen and sighted originals of the above documents and made copies thereof, where applicable.

Or

2 I certify having duly received and verified the certified copies of the above documents, from the applicant

Or

3 I certify having received the Eligible/Group Introducer Certificate and all duly certified documents from the Introducer

Or

4 I certify having received the Eligible/Group Introducer Certificate and all duly certified documents from the Introducer and having seen and sighted originals produced by the Introducer and made copies thereof, where applicable.

I have informed the applicant/Introducer to submit missing documents as soon as practicable but not later than within a delay of 30 days

where these have not been tendered. YES NO

Name : _____

Job title : _____

Signature : _____ **Date** : _____

Checked by: Date: _____ Approved by: Date: _____

Remarks: