

To: The Manager
HSBC Bank (Mauritius) Limited

_____ Office

Date _____

**BUSINESS CUSTOMER INFORMATION/
 ACCOUNT OPENING FORM-**

Limited Company Partnership Sole Proprietorship
 Others (Please specify) _____

NOTE: Please complete all fields and delete whichever is not applicable.

For Bank Use Only	
Customer Number	Bank Authorised Signature/Stamp
International Customer Number	
Account Number	

Part A - Business Customer Information

Customer's Name		
*Registered No./Identity Document Type& No.	Nature of Business/Industry	Country of Incorporation/Registration
Correspondence Name and Address		
Person to Contact:		Telephone Number:
Registered Office/Factory/Principal Office Address (complete only if different from Correspondance Address)	Introduced by: Name: Account Number: Address: Telephone Number: Signature:	
Please complete as appropriate		
1. Do you maintain or have you maintained any other account(s) with the HSBC group in the above name? If yes, please complete the following:		
Bank/Branch	Account Number	
2. Details of Present Bankers		
Bank/Branch	Account Number	
3. Do you use a company or corporate Credit Card issued by the HSBC group?		
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> JCB <input type="checkbox"/> No
4. Are you a Subsidiary/Associate of another organisation?		
<input type="checkbox"/> Subsidiary of (i.e owned more than 50%) _____	Customer No _____	
<input type="checkbox"/> Associate of (i.e owned 20-50%) _____	Customer No _____	
<input type="checkbox"/> No		

HUB002R5

P.T.O.

Initials: _____

Part B - Account Opening (To be completed only if opening a Business Account)

Please open a Business Account in our name as detailed below:

We have read The HSBC Bank (Mauritius) Limited's (1) General Terms and Conditions for account Holders for opening and operating *Term Deposit account/Current Account/Call Account/Call Deposit Account/Statement Savings Account/Others and (2) the specific conditions for Telegraphic Transfers and Demand drafts and agree to comply with them.

We confirm having read and approved the bank's prevailing tariff of charges, which we understand may be subject to change from time to time as advised by the Bank.

Type of Account Required <input type="checkbox"/> Term Deposit Account (TMD) <input type="checkbox"/> Current Account (CUA) <input type="checkbox"/> Statement Savings Account (SSV) <input type="checkbox"/> Call Deposit Account (CDP) <input type="checkbox"/> Others (please specify) _____	
Currency of Account <input type="checkbox"/> MUR <input type="checkbox"/> GBP <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> Others (please specify) _____	For Notice and Call Deposit Accounts only (MUR Accounts only) Notice/Call Period Required <input type="checkbox"/> 24 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 28 Days
For Statement Savings and Current Accounts only	For Current Accounts only (MUR Accounts only)
Type of Statement Required <input type="checkbox"/> Composite Statement (i.e. one single statement for all your accounts with the bank) <input type="checkbox"/> Regular Statement (i.e. a separate statement for each account) - one copy of your account statement will be provided monthly, commencing one month from the date your account is opened, unless you specify otherwise in the space provided below: Statement frequency _____ Number of copies _____ Additional mailing address (if required) _____ _____ _____ _____ Correspondence will be sent to you by mail	1. Please supply us with _____ cheque book (s). <input type="checkbox"/> 25 Leaf Order <input type="checkbox"/> 100 Leaf Order <input type="checkbox"/> 50 Leaf Order <input type="checkbox"/> 200 Leaf Order 2. Cheque book (s) to be <input type="checkbox"/> Collected at _____ office <input type="checkbox"/> by us _____ <input type="checkbox"/> by (Name) _____ (Identification) _____ 3. Personalisation Details _____ _____

Part C - † Customer Signature (s)

We hereby confirm that the details given above are correct.

_____	_____
Name and Signature	Name and Signature
_____	_____
Name and Signature	Name and Signature

† This form should be signed in accordance with the mandate.

For Bank Use Only		
Preparer: _____	GHO Class: _____	Authorised Signature/Initial
Recommending Officer: _____	Market Sector: _____	
Officer Code: _____	CB Classification Code: _____	
Nationality: _____	Tariff Code: _____	
Country of Residence: _____		