

**The Director**

SICOM Financial Services Ltd  
Sir Célécourt Antelme Street  
PORT LOUIS

<b>Account Number</b>
□□□□□□□□

Date: .....

Dear Sir,

We 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: .....

EXPIRY DATE .....

DRIVING LICENCE: .....

OTHER ID: .....

NATIONALITY: .....

MARITAL STATUS: .....

TELEPHONE NO (Res): .....

TELEPHONE NO (Off): .....

TELEPHONE NO (Mob): .....

SOURCE OF FUND: .....

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

**IF JOINT/MINOR APPLICANT**

**DETAILS OF 2nd**

**CUSTOMER/GUARDIAN**

RELATIONSHIP WITH 1ST CUSTOMER

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TITLE: ..... GENDER: .....

(2) .....

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**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 favouring .....  
 by crediting of Current/Saving Account

number .....

Tick as appropriate in the name/s of .....

with .....

**D. Special Instructions**

*We hereby authorise SICOM Financial Services Ltd to renew the above deposit automatically for the 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.*

Initials

.....  
 .....

Condition of payment in case of JOINT DEPOSIT :-	
Payable to:	<input type="checkbox"/> Either Or Survivor
	<input type="checkbox"/> Both of us jointly
	on or before maturity

Other special instructions by depositor(s): .....

**E. 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	2
Tax identification No 1/No 2 (TIN)	1	2

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

**F. DECLARATION OF ULTIMATE BENEFICIAL OWNER:**

SELF

BOTH

MINOR

OTHERS (PLEASE SPECIFY)

**G. Declaration and signatures**

- a) We authorise SICOM Financial Services Ltd to obtain independent verification of any data provided.
- b) We agree to be liable together and each separately for any liability on the account and make this mandate. We authorise SICOM Financial Services Ltd to send statement of accounts, advices or any other correspondence at the address given above at our own risk and perils.
- c) We 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) We agree that SICOM Financial Services Ltd may request further documentary evidence to be provided with respect to information given by us in this application form.

**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](http://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.

Signatures: ..... Date: .....

**I. Documents annexed to this application:**

- |                            |                          |  |                          |
|----------------------------|--------------------------|--|--------------------------|
| <b>Photocopy:</b>          |                          | <b>Original:</b>                                       |                          |
| National Identity Card     | <input type="checkbox"/> | Utility bill (not more than 3 months)                  | <input type="checkbox"/> |
| Current valid passport     | <input type="checkbox"/> | Bank Reference (not more than 3 months)                | <input type="checkbox"/> |
| License                    | <input type="checkbox"/> | Bank/Credit Card Statement<br>(not more than 3 months) | <input type="checkbox"/> |
| Armed Forces Identity Card | <input type="checkbox"/> |  |                          |
| Others (specify).....      |                          |  |                          |

- 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:..... Signature:.....

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

Please tick  the appropriate boxes below:

- We 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.
- We agree to be contacted for market research purposes and surveys, as part of SICOM Group’s

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

**K. FOR OFFICE USE ONLY**

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

Or

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

Or

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

Or

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.

Or

I have informed the applicants/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: .....