



1. Please tick (✓) where applicable 2. Complete this form in BLOCK LETTERS.3.*Please delete whichever is not appropriate.

Limited Company **GBL Company** **Others** (please specify) _____

Part A Business Customer Information

Name
Registered Office Address
Contact Person: _____ Telephone Number: _____
Email: _____ Fax: _____
Correspondence Address (complete only if different from Registered address)

Part B Account Opening

Type of Account Required and Currency:	
<input type="checkbox"/> Current Account _____ <input type="checkbox"/> Savings Account _____ <input type="checkbox"/> Others (please specify) _____	
<p>Statement of account One separate statement for your account will be issued monthly for your current accounts and quarterly for your other accounts unless you specify otherwise below: Statement frequency _____ Number of copies _____ <i>Fees are payable for the above services.</i></p>	<p>Cheque book order - MUR accounts Please supply us with _____ cheque book(s) and debit the corresponding charges to my /our account(s): <input type="checkbox"/> Crossed <input type="checkbox"/> Uncrossed <input type="checkbox"/> 50 Sheets <input type="checkbox"/> 100 Sheets <input type="checkbox"/> Sent by registered mail at the correspondence address <input type="checkbox"/> For collection at _____ <i>Fees are payable if cheque books are collected at the bank. All cheque books are renewed automatically.</i></p>

Part C Application for internet banking service Mascareignes Direct

We request that the following company representatives be given access to Mascareignes Direct:

Full Name: * Mr/Mrs/Miss/ _____
Position: _____ Profile: Viewing <input type="checkbox"/> Input <input type="checkbox"/> Approval <input type="checkbox"/> All operations <input type="checkbox"/>
Full Name: * Mr/Mrs/Miss/ _____
Position: _____ Profile: Viewing <input type="checkbox"/> Input <input type="checkbox"/> Approval <input type="checkbox"/> All operations <input type="checkbox"/>
Full Name: * Mr/Mrs/Miss/ _____
Position: _____ Profile: Viewing <input type="checkbox"/> Input <input type="checkbox"/> Approval <input type="checkbox"/> All operations <input type="checkbox"/>
Full Name: * Mr/Mrs/Miss/ _____
Position: _____ Profile: Viewing <input type="checkbox"/> Input <input type="checkbox"/> Approval <input type="checkbox"/> All operations <input type="checkbox"/>

Part D Fax Indemnity

- No, we do not wish to give instructions by fax, until you receive further instructions regarding same
- We will need to effect faxed instructions on the above account(s) and hereby furnish you with the following indemnity:

1. (i) Whereas in the matter of operation of our above mentioned accounts held with Banque des Mascareignes (hereinafter referred to as the Bank), it is from time to time necessary for us to give to the Bank instructions in relation to the said accounts.
 (ii) Whereas it is more convenient for us to give to the Bank such instructions by facsimile message (fax).
 (iii) Whereas at our request, the Bank has agreed to act upon such instructions, provided we give authority and furnish indemnity to the Bank in the manner set out herein below.
2. In the circumstances, we hereby authorise the Bank, in respect of the above mentioned accounts, to act on our instructions transmitted to the Bank by fax, it being well understood that the Bank and/or its directors and/or its employees shall not, under any circumstances, be responsible towards any person (either us or third parties) by reason of having acted in accordance with our fax.
3. In consideration of the Bank acting on instructions issued to it by fax as aforesaid, we for ourselves, our successors and assigns agree and undertake to indemnify and keep indemnified, the Bank, its successors, and assigns from time to time and at all times, from and against:
 - (a) all claims, demands, actions, suits and/or proceedings that may be made or preferred or taken against the Bank and/or its directors and/or employees by reason of it having acted on the basis of instructions issued by us by fax message, and
 - (b) all losses, damages or prejudice that may be caused and/or suffered by the Bank and all costs, charges, commissions (including attorney's commissions) and/or expenses that may be required to be incurred by the Bank in the premises aforesaid.
4. In case we send the original of the fax to the Bank, we undertake to conspicuously mention on the face of the said originals that it only constitutes a confirmation of the order contained in the fax. However, should we fail to mention the same on the original and if the Bank executes the order, a second time after having already acted on the instructions given by fax, we discharge the Bank of all liabilities.

Part E Customer Signature(s) and/or Company seal(s) (as applicable) and declaration(s)

I/We, the undersigned request you to open an account(s) as detailed on this document on behalf of our company. I/We hereby confirm that the details given above are correct and confirm that the/these account(s) will be used for legitimate/legal purposes and remain liable for all transactions thereon. I/We have received a copy of the Banque Des Mascareignes 'Terms and Conditions', whose provisions govern the opening and the operations of the present account(s) and its annexed services and agree to comply with them.

Read and Approved:

Signature and/or Seal

Signature and/or Seal

Signature and/or Seal

Signature and/or Seal

Date: _____

This form should be signed in accordance with the Board Resolution

Part F Bank Use only

Code Marché _____	Nom Chargé(e) _____	Chéquier : No abonnement _____
Code PCS _____	Signature _____	Vérification _____ Saisie: _____
Agent économique _____	Autorisation Responsable: _____	MascareignesDirect : No abonnement _____
Langue Messagerie _____	Autorisation SGC _____	Vérification _____ Saisie: _____
No de compte: _____	LN vérifié: _____	
IBAN: _____		