

ELIGIBLE INTRODUCERS CERTIFICATE

Name of Applicant :

Name of Beneficial owner / Beneficiary :

Full address of applicant:

I/WE CERTIFY THAT in accordance with the provisions of the Financial Intelligence and Anti-Money Laundering Act 2002 and the Guidance Notes on Anti-Money Laundering and Combatting the Financing of Terrorism issued by the Bank of Mauritius, as amended from time to time, or *equivalent legislation*:

1. We have verified the identity of the Applicant and Beneficial Owner / Beneficiary and confirm that documentary evidence has been obtained and identity checks have been undertaken to confirm that the Applicant(s) and Beneficial Owner(s) / Beneficiary(s) name(s) and address(es) as shown on the Applicant and Beneficial Owner / Beneficiary form(s) is/are correct.
2. We confirm that we have conducted full due diligence on the applicant and its proposed business activity. A comprehensive business plan is enclosed. Should there be any changes in the business activity of the applicant, we undertake to keep you inform without delay.
3. A certificate/summary sheet containing all relevant identification data and other information pertaining to the *Applicant and Beneficial Owner/Beneficiary* is enclosed herewith.
4. The underlying records of identity and copies of the documentary evidence held by us will, upon request, be made available to Banque des Mascareignes Ltée without delay
5. The Applicant(s) and Benefical Owner(s) / Beneficiary(s) is/are applying on his/her own behalf and not as nominee, trustee or in a fiduciary capacity for any other person.
6. I/We am/are unaware of any activities of the Applicant that cause me/us to suspect either that the applicant is engaged in money laundering or any other form of criminal conduct.
7. In the case of beneficial owners, we undertake to disclose Beneficial Owners and undertake to inform the Bank in advance in the event of a change in Beneficial Ownership.

Full Name of Regulator Introducer: (e.g Management Company).....

Name of Regulator: (e.g FSC)..... Country of Regulator:

Licence or Registration No:

Signed: Full Names:

Job Titles: Date:

