

## APPLICATION FORM Individual

This form can be filled in on a computer; alternatively please print and tick (  $\checkmark$  ) where appropriate.

Section A: Customer Details Part I: Customer Information					
Title: Mr Mrs Miss Honorary Other, please specify:					
First Name:					
Last Name:					
Surname at Birth:					
Where applicable					
Date of Birth: / / / Place of Birth:					
Nationality: Other Nationality:					
National ID: OR Passport Number:					
Contact Details					
Residential Address:					
Street & City					
Postal Code: Country:					
Mailing Address (if different from above)					
Street & City					
Postal Code: Country:					
Phone Number					
Home: Mobile:					
Office:					
Mobile Service Provider: my.t Emtel MTML Other					
Email:					
Maximum 40 characters					
Preferred communication channel: By Email By Post					

Other Details						
Marital Status:						
Married – Legal Syst of community of go and property	ods				rriage/ enuptial ntract	Marriage as per Muslim Rites
Divorced	Single		married uple	Wid	dowed	
Spouse Occupation:				Number	of Dependents:	
Education Level:						
Secondary Incomplete	Secondary Complete	Tec	hnical	Uni	versity	Professional Qualification
Occupation:						
Self Employed	Private Secto Employee		olic Sector ployee		astatal Sector ployee	Unemployed
Other, please specif	y:					
Job Description:						
Employer's Name: If not self-employed						
Employer's Address:						
Business Sector:						
Employed since:	/ /	(0	dd/mm/yyyy)			
If Unemployed, please complete the following:  Unemployed Type: Housewife Student Retired Other						
Unemployment Details:						
Source of Funds (Income/	Revenue)					
Source Type			<b>ount</b> gures		Currency e.g. MUR, EUR,	Frequency USD
Salary		],	, ,			
Rent		],	, ,			
Business Income		, , ,	,			
Dividend		, , ,	, ,			
Pension		, , , , ,	,			
Interest		, , , , ,	ļ.,			
Other, please specify:						
		, , , , , ,	, ,			
Source of Wealth (Provide	full details)	,	,			
Source of Wealth (Provide	full details)	, , ,	,			
Source of Wealth (Provide	full details)	,	,			
Source of Wealth (Provide	full details)	, , ,				
Source of Wealth (Provide	full details)	,				

Section B: Facilities Part I: Products and	Services					
Leasing	Deposit					
Purpose of Relationshi	ip					
Lessee	Co-Lessee	Guaranto	or	Depositor		
Description of asset to	be leased (copy of q	uotation/que	otation requ	iired):		
Supplier's Name:						
Purchase Price (ex-VAT	and Insurance):					
Requested Financing A	mount:	,	,	,		
Make and Model:						
Lease Period (months):						
Please specify the sou	rce of fund of deposit	t to supplier,	if applicable	e:		
Bank Details (Statement	of accounts required for no	n-MCB clients)				
Bank's Name:						
Account Number:						
Income and Expenditu			Amount In figures			Details
Gross Monthly Income (Copy of salary slip/contract of employment needed)		,	,	,		
Other Income		,	,	],		
Existing Loan Commitm	nent	,	,	,		
Other Debt Commitme	ent	,	,	,		
Other Expenditure		,	,	,		
Narrative (if applicable	١٠					
	,					
Part II: MCIB Conser	ıt					
	<b>it</b> pose of financial, credi				e "Purpo:	se") by MCB Leasing Limited, the institution requires
For the legitimate purp your authorisation to a I hereby uncondition ity provisions. I unconditional	ot oose of financial, cred ccess to the Mauritiu onally and unequivoca	s Credit Infor ally authorise the facilities	mation bure MCB Leasin presently ap	eau (MCIB). ng Limited to oplied for are	access m	y data falling under the purview of the confidential- ently granted, information regarding same shall be

## **Part III: Tax Residency Information**

whatsoever in relation thereto.

email instructions from me.

Tax Regulations<sup>1</sup> applicable to financial institutions require MCB Leasing Limited to collect and report certain information about each account holder's/ Beneficial Owner's (B.O) tax residency and in certain circumstances, citizenship status.

Please complete, where applicable, the relevant sections below. Please be advised that in certain circumstances, MCB Leasing Limited may be required to share this information through the Mauritius Revenue Authority with the tax authorities of another country or countries in which the account holder/B.O may be tax resident.

If you have any questions about how to complete this form including defining your tax residency status, please contact your tax adviser or local tax authority.

You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested on the OECD's Automatic Exchange of Information (AEOI) website: http://www.oecd.org/tax/automatic-exchange/

You can find more information about the implementation of FATCA in Mauritius at http://www.mra.mu/download/FATCAGuidance140515.pdf For the purposes of taxation, I hereby certify that I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each additional country is set out below or I have indicated that a TIN/functional equivalent is unavailable.

<sup>1</sup> The term "Tax regulations" refers to regulations implemented in Mauritius to enable automatic exchange of financial account information and include the Agreement for the Exchange of Information Relating to Taxes (United States of America-FATCA Implementation), Regulations 2014 and the regulations implemented in connection with the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information (CRS)

	ard for Automatic Exchange of Financial Accor		eo e and the regulations implemented in Col	incector with the oceo common reporting
	Jurisdiction(s) of Residence for Tax Purposes	TIN	Alternate Identification Type	Alternate Identification Number
1.				
2.				
3.				
Num				submit an Alternate Identification e or number/ resident registration
	The country where you are liable to	pay tax does not issue TINs to its	residents.	
	Any other reason, please specify:			
Tax F	Residency – Nil			
	I hereby confirm that I have no residocumentation thereof.	dence for tax purposes and under	ake to provide a reasonable explai	nation and the relevant supporting
Part	IV: Marketing Communication	Consent		
mate		commercial events and offers of the		consent for the receipt of marketing is, through any channel, email, post,
	Yes, I would like to receive MCB gro	oup's offers for events, products an	d services.	
	No, I do not wish to receive MCB g	roup's offers for events, products a	nd services.	
Part	: V: Electronic Communications	Consent		
all e				he MCB Leasing customer portal for any other communications relating
	Yes, I consent to receiving electron in Section A: Contact details and/o			nited to the email address provided
				nd other communications received confirmation prior to acting thereof.
	•	•		uding, but not limited to instructions essed to the wrong recipients and

thereby becoming known to third parties and therefore unreservedly accept that the institution shall bear no responsibility or liability

MCB Leasing shall not be under any duty to verify the identity of the person(s) sending any email instructions purportedly made on my behalf or the genuineness of the said Instructions. Any transactions processed pursuant to any email instructions shall be binding to all intents and

No, I do not consent to receiving electronic communications from MCB Leasing Limited/I do not authorise MCB Leasing Limited to act upon

## Part VI: Authorisation and Undertakings

I authorise MCB Leasing Limited to provide, directly or indirectly, to domestic and/or overseas tax authorities any information MCB Leasing Limited may have in its possession on me (or if I am signing this form on behalf of the account holder, on the account holder/beneficial owner), as may be required pursuant to intergovernmental agreements to exchange financial account information.

I declare that all the information provided on this form is correct and complete and I undertake to indemnify the institution and its designated Responsible Officer in the event I would have made any misstatement in this certificate.

I undertake to inform MCB Leasing Limited within 30 days should any certification on this statement become incorrect or incomplete.

## **CUSTOMER DECLARATION**

By signing below, I acknowledge that MCB Leasing Limited has recommended that I seek independent legal and/or professional advice before signing this document and that I have read and understood the Terms and Conditions (copy of which has been handed over to me/us\*) relative to the opening and operation of the above-mentioned products and services and agree to be bound by them.

I hereby undertake to promptly inform MCB Leasing Limited of any change in the aforesaid email address and/or mobile number(s), or in case of loss and/or theft of the mobile phone(s). It is understood and agreed that MCB Leasing Limited disclaims all liability for any damage and/or loss arising whether directly or indirectly with the sending of communications/notifications through the above means.

I certify that the above information provided in this application form is true and accurate and all documents provided are genuine. I also authorise MCB Leasing Limited to verify the information contained therein and to make such enquiries as it deems necessary. I hereby undertake to promptly inform MCB Leasing Limited of any change in the above personal details.

Please sig	n below:	
	Signature:	Signature:
		If more than one signature needed
	Name:	Name:
	Date:	/ / (dd/mm/yyyyy)