



# DEPOSIT TAKING

## Application Form (Corporate)

The Director

SICOM Financial Services Ltd  
Sir Cécilcourt Antelme Street  
PORT LOUIS

Account Number
<input type="text"/>

Date:

Dear Sir,

I/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. COMPANY'S DETAILS**

CORPORATE NAME .....

ADDRESS .....

BRN .....

Sector of Activity .....

PHONE NO/S ..... FAX ..... PAY MODE .....

Total yearly Revenue .....

Total yearly Profit ..... Source of Fund .....

**B. Beneficial Owner/Ultimate Beneficial Owner (Natural person/s)**

Name: .....

Address: .....

Nationality: .....

**C. Interest on this Deposit shall be paid on maturity as follows:**

Tick as appropriate  by Cheque  
 by crediting of Current/Saving Account  
 number .....  
 in the name/s of .....  
 with .....

**Special Instructions, if any:** .....

**D. 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 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

**E. Applications from a corporation must be signed by an authorised officer or be completed otherwise in accordance with its constitution (evidence of such authority is required).**

***Declaration and signatures***

- a) We authorize SICOM Financial Services Ltd to obtain independent verification of any data provided.
- b) We authorize 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.

Date: .....

	Signature	Post
Authorised officer (1)	_____	_____
Authorised officer (2)	_____	_____
Authorised officer (3)	_____	_____
Authorised officer (4)	_____	_____

**F. Tax Certification**

- Is the entity incorporated in US and/or is controlling person of the entity a US citizen and/or a US tax resident?  Yes  No
- Is the entity incorporated in any foreign country and/or is controlling person of the entity a tax resident in any other foreign country?  Yes  No

(Check with your tax adviser if you are unsure)

**If ‘YES’ to any of the above, please complete the Entity Self-Certification for FATCA and CRS Form**

*To be valid, Application forms must be signed by each Applicant. In the case of a partnership/firm, applications should be signed by all the partners/proprietors. In the case of a corporation, applications should be executed under seal or signed by a duly authorised signatory provided that a certified copy of the authority authorising the signatory and authenticated list of signatories accompanies the application accompany this Application Form.*

*If this Application is signed under power of attorney, such power of attorney or duly certified copy thereof must accompany this Application Form.*

G. 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.

Authorised signatories: .....

: .....

: .....

H. I/We, the authorised signatory/ies of the applicant, have read SICOM Group's Privacy Policy and I/we agree to the collection, use, storage and disclosure of my/our personal data as set forth in the Privacy Policy. I/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 updated 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 ongoing efforts to deliver better customer service.

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

<b>Account Number</b>
<input type="text"/>

**I. FOR OFFICE USE ONLY**

I certify having duly verified the full identity of the applicant, 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 applicant

Or

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

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

I have informed the applicant/Introducer to submit missing documents as soon as practicable but not later than within a delay these have of 30 days where these have not been tendered.

YES  NO

**Name** : \_\_\_\_\_

**Job title** : \_\_\_\_\_

**Signature** : \_\_\_\_\_ **Date** : \_\_\_\_\_

Checked by: ..... Approved by: .....

Remarks: .....

Date: .....