



CREATION OF CUSTOMER RECORD FORM NON-INDIVIDUAL CUSTOMER COMPANY

If filling in this form by hand, please use blue ink and complete all the applicable fields in BLOCK CAPITALS

If you make a mistake, darken it totally, continue as shown below and annotate your signature along.

J O ● ● H N S M I T H

Application Date: / /

Branch:

A. GENERAL INFORMATION

Entity Type:

Tick where appropriate

Seychelles Incorporated Proprietary Company	<input type="checkbox"/>	Seychelles Incorporated Limited Company	<input type="checkbox"/>
Seychelles International Business Company (IBC)	<input type="checkbox"/>	Foreign Incorporated Company	<input type="checkbox"/>
Other, specify _____	<input type="checkbox"/>		

Company/Entity Name:

Previous Company/Entity name (If any)

Incorporation number:

Country of Registration:

Date of registration: / /
(DD/MM/YYYY)

Name of Stock Exchange if Listed Company:

Documents required are the original or certified true copy (As provided by the Seychelles Registrar of Companies or equivalent/relevant competent authority from applicable jurisdiction)

- Registered certificate of incorporation or certificate of registration by continuation (for foreign companies registered by continuation).
- Registered Business Name Certificate (if applicable).
- Registered Memorandum & Articles of Association OR a written confirmation attesting the non/standard adoption of the Articles of Association signed by the Directors of the Company (if applicable).
- Registered Particulars of Directors OR a confirmation of the particulars of Director signed by either the Company Secretary or Registered Agent.
- Register of Shareholders OR equivalent document signed by either the Company Secretary or Registered Agent.
- Certificate of Good standing from equivalent competent authority in relevant jurisdiction (if applicable).
- Certificate of Amendment confirming any change of registered name/shareholding (if applicable).
- Valid Trade or operating licence of Company from Seychelles Licensing Authority or equivalent regulatory body (if applicable).

Initials: _____

B. COMPANY CONTACT INFORMATION

Registered Address:

Street:

Town:

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Post Code:

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Country:

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Business Address (if different from Registered Address):

Street:

Town:

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Post Code:

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Country:

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Documents required are the original or certified true copy (As provided by the Seychelles Registrar of Companies or equivalent/relevant competent authority from applicable jurisdiction)

Notification of registered address.

Proof of business address document such as lease agreement or utility bill (dated less than 3 months).

Mailing Address:

Street:

Town:

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Post Code:

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Country:

--

Business Contact details:

Country code:

--	--	--	--

Office phone number:

--	--	--	--

Fax number:

--	--	--	--

Country code:

--	--	--	--

Mobile phone number:

--	--	--	--

Website address:

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Email address:

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(Maximum 35 characters)

Initials: _____

D. SHAREHOLDER/BENEFICIAL OWNER DETAILS

Guidance notes:

This section is to be completed by the Shareholder(s) or beneficial owners of the Company. For Customer Due Diligence purposes, we require details of any Individual or Corporate shareholder/beneficial owner.

1. A **shareholder** is defined as any individual or legal entity controlling directly or indirectly 20% or more of the share capital of the Company (the "Shares").
2. A **beneficial owner** is defined as the natural person(s) who ultimately owns or controls the Shares and may or may not nominally own the shares themselves. It also includes those persons who exercise ultimate effective control over the Shares.
3. Effective interest is defined as the combined percentage shareholding of a legal entity or an individual computed through direct holdings of the company shares and indirect holdings of that legal entity or individual through other entities.
4. All Individual Shareholders/Beneficial Owners with an effective interest of 20% or more must complete the SEYF I205 Individual Customer Record Form and provide supporting Proof of identity and address documents.
5. All Corporate Shareholders with an effective interest of 20% or more must complete the SEYF I596C and provide the relevant supporting documentation.
6. **Where the Company is listed or is a subsidiary of a company listed on a recognized stock exchange, no further CDD measures are required (i.e. no need to fill in sections D and E of this Form).**
7. **Where a Shareholder is a Company listed on a recognized stock exchange or a subsidiary of a company listed on a recognized stock exchange, no further CDD measures are required for this Shareholder.**
8. The law defines a Politically Exposed Person (PEP) as a Seychellois or foreign individual entrusted with a prominent public function in the last three (3) years, and includes any immediate family member or close business associate of such an individual.
9. Note a "family member" includes a spouse or a partner, children and their spouses or partners, parents and siblings of a PEP and a "close associate" is any person having a joint partnership, trust or business relations with a PEP.

DETAILS OF SHAREHOLDERS

- Please submit your group structure alongside this form, setting out the shareholders **DIRECTLY** owning the shares of the Company as well as the shareholders which **INDIRECTLY** hold the shares of the Company and which have at least an effective shareholding of 20% of the Company).
- The above "Guidance Note" can help you to prepare the group structure and to fill in the table below.

(I) DIRECT SHAREHOLDING

	Full name(s)	Effective Interest %	Seychelles Tax Resident	Beneficial Owner	PEP
1			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
4			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
5			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
6			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
7			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
8			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Initials: _____

(II) INDIRECT SHAREHOLDING

	Full name(s)	Effective Interest %	Seychelles Tax Resident	Beneficial Owner	PEP
1			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
4			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
5			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
6			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
7			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

E. BENEFICIAL OWNER DECLARATION

This section is to be completed by the beneficial owner(s) of the Company. For Customer Due Diligence purposes, we require a beneficial owner declaration as follows:

I/We herein acting on behalf of the above-named company hereby declare that the beneficial owner(s) of the company is/are strictly limited to the person(s) revealed in the official documents duly submitted to MCB Seychelles in disclosing the entire shareholding structure and for Customer Due Diligence purposes.

(If you have ticked “No” in the “Beneficial Owner” column in the Shareholding sections please list out the names of the Beneficial Owner in the table below.)

I/We hereby declare a beneficial owner(s) interest as follows:

	Full name details of Beneficial owner(s)	Seychelles Tax Resident	PEP	Effective Interest %
1		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
2		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
3		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
4		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
5		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
6		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
7		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
8		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	

*** Supporting Documents required for all Beneficial owners**

Individuals must complete the SEYF I205 Individual Customer Record Form.

Corporates must complete the SEYF I596C Non-individual customer record Form & provide the applicable supporting documents.

Declaration of Beneficial Ownership duly signed by the director(s). (Mandatory for Global Business Licence companies).

Initials: _____

F. DIRECTORS DETAILS

This section is to be completed by the Director(s) of the Company.

	Full name details of Director(s)	Seychelles Tax Resident	PEP
1		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
4		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
5		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
6		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
7		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
8		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

* Supporting Documents required for all Directors

- Individuals must complete the SEYF I205 Individual Customer Record Form.
- Corporates must complete the SEYF I596C Non-individual customer record Form & provide the applicable supporting documents.

G. TAX RESIDENCY STATUS

Tax Regulations applicable to financial institutions require MCB Seychelles to collect and report certain tax information. Please be advised that due to these obligations, MCB Seychelles may be required to share this information through the Seychelles Revenue Commission (SRC) and with the tax authorities of another country or countries in which the entity may be tax resident.

If you have any questions about how to complete this form including defining your tax residency status, please seek independent tax advice from your tax adviser or tax authority. You can also find out more information on the OECD CRS Automatic Exchange of Information (AEIO) website: <http://www.oecd.org/tax/automatic-exchange/> and website: <http://www.src.gov.sc/pages/generalink/EOI.aspx> for further details on the implementation of the Foreign Account Tax Compliance Act (FATCA) for US Persons.

I/We (delete as appropriate) hereby certify that the entity's Tax Identification Number (TIN) or functional equivalent in its country of residence for tax purposes is as follows:

	Country/Jurisdiction of Tax Residence	TIN
1.		
2.		
3.		

If a TIN is unavailable, please provide the appropriate reason by ticking one of the boxes below:

- The country where the entity is liable to pay tax does not issue TINs.
- Other reason. Please specify below:

Initials: _____

Entity type

Active NFFE/NFE guidelines

Active NFFE: is defined as an active non financial foreign entity for FATCA purposes.

Active NFE: is defined as an active non financial entity for OECD CRS purposes.

The most common types of entities which are Active NFFE/NFE are listed below:

- a) An Active NFFE/NFE is any entity involved in trading activities and which have less than 50% of their gross income/assets derived from passive income such as dividends, interest, rentals and royalties;
- b) parent companies of subsidiaries involved in trading businesses;
- c) Certain start-up entities and entities in liquidation or emerging from reorganisation or bankruptcy.

Please note that this is not a comprehensive list and you are advised to seek independent tax advice to confirm your tax status

The entity or organisation identified above is:

a. Active NFFE for FATCA purposes

Yes

No

b. Active NFE for OECD CRS purposes

c. Both an Active NFFE for FATCA purposes and an Active NFE for OECD CRS Purposes

Documents required are the original or certified true copy

- Letter from relevant competent tax authority confirming the Tax Identification Number.
- MCB Form SEYF 2064 Tax Entity Self-Certification Form to complete entity tax certification.

H. TERMS & CONDITIONS

ENTITY DECLARATION

By signing below, I/we* acknowledge that The Mauritius Commercial Bank (Seychelles) Ltd ("MCB") has recommended that I/we* seek independent legal and/or professional advice before signing this document and I/we* have read and understood the Terms and Conditions (copy of which has been handed over to me) relative to the opening and operation of the above-mentioned Account agree to be bound by them.

I/We* certify that the above information related in this application is true and accurate and all documents provided are genuine. I/We* hereby undertake to promptly inform MCB within 30 days of any changes in the company's structure, shareholding and beneficial ownership. I/We* also authorise MCB to verify the information provided and to make enquiries as it deems necessary.

I/We* hereby signify my/our* consent to the Bank to execute the lawful processing of my personal data for the purpose of this application and for subsequent transactions.

I/We* also take note of my/our* right to withdraw the consent expressed hereinabove for the processing of my/our* personal data by the Bank. Where I/We* decide to avail of this right, I/We* will notify the Bank in writing thereof. I/We* also understand that in certain specific circumstances, the Bank may still process the personal data in view of its statutory obligations.

Notices and other communications under the present contract shall be sent by post/email, as strictly requested by me/us*, to the mailing/email* address provided. It is further understood and agreed that MCB disclaims all liability for any damage and/or loss arising directly or indirectly with the sending of communications/notifications. In this line, I/We* undertake to immediately inform MCB of any changes in email address and/or telephone number/s.

I/We* authorise MCB to provide information contained in the form and information regarding the account holder, controlling persons and Beneficial Owner and any accounts maintained by MCB, directly or indirectly, to domestic and/or overseas tax authorities, as may be required pursuant to Inter-governmental agreements to exchange financial account information and/or the Tax Regulations.

* delete as appropriate

AUTHORISED SIGNATORIES

(S)	(S)
Name:	Name:
Title:	Title:
Date:	Date:

(S)	(S)
Name:	Name:
Title:	Title:
Date:	Date:

FOR BANK USE ONLY

- All amendments have been initialled by the customer.
- All required documents have been collected

Customer Number:

PREPARED BY Name: Signature: Date:	CHECKED BY Name: Signature: Date:
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Checklist of Documents for Company	Tick (✓) as appropriate
<ul style="list-style-type: none"> Board Resolution (original or certified true copy) authorising the opening of the accounts, providing authority to the signatories for the operation of the account (s) and also confirming currency/number of accounts required. <p>Resolution may be in the form of:</p> <ul style="list-style-type: none"> a) Written Resolution signed by all directors; OR b) An extract of minutes signed by Company Secretary/two directors. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Company documents (Original or Certified true copies) Registered Certificate of incorporation or certificate of registration by continuation (for foreign companies registered by continuation). Registered Business Name (if applicable). Registered Memorandum & Articles of Association OR a written confirmation attesting the non/standard adoption of Memorandum & Articles of Association signed by the Directors of the Company (if applicable). Registered Particulars of Directors OR a confirmation of the particulars of Directors signed by either the Company Secretary or Registered Agent. Register of Shareholders OR equivalent document signed by either the Company Secretary or Registered Agent. Certificate of Good standing from equivalent competent authority in relevant jurisdiction (if applicable). Certificate of Amendment confirming any change of registered name/shareholding (if applicable) Valid trade or operating licence of Company - from Seychelles Licensing Authority or equivalent regulatory body (if applicable) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Document confirming address of Company</p> <ul style="list-style-type: none"> Certified true copy of registered address document must be provided for Company AND/OR Proof of business address document such as lease agreement or utility bill (not more than 3 months) if different from registered address. 	<input type="checkbox"/> <input type="checkbox"/>
<p>Financial documents</p> <ul style="list-style-type: none"> If trading for more than one year to provide six months account statement OR Business Plan & Cash flow forecast (if applicable) OR Last financial audited accounts (if applicable) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Tax documents</p> <ul style="list-style-type: none"> Seychelles Revenue Commission Business Tax Identification Number (TIN) registration letter or from other equivalent regulatory body (if applicable) SEYF2064 Tax Entity Self Certification Form (If applicable for TIN outside of Seychelles) 	<input type="checkbox"/> <input type="checkbox"/>
<p>Documents confirming Controlling persons</p> <p>Customer Due Diligence (CDD) documents for the Shareholders/Directors/Beneficial Owners/Authorised signatories and Internet banking users as follows:</p> <ul style="list-style-type: none"> Proof of Identity: Valid Seychelles National Identification card/Passport OR Foreign passport. (Driving licence are not accepted) Additional documents required for non-residents: <ul style="list-style-type: none"> A Bank Reference from country of residence (not more than three months old) Curriculum Vitae Valid permit document (applicable to non-citizen residents) Proof of Address: Utility Bill in personal name (not more than 3 months) OR any other address document approved by the SEYF 1205 accepted "Document required" List. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

NOTE: Applicants must provide clear and legible documents, in English or French and, where appropriate, must contain clear photographic images and specimen signature samples. All documents must be submitted as valid originals for certification by a Bank officer. A certified true copy may also be accepted from an approved certifier providing their full name and stamp/seal details. Please note that the above checklist is not exhaustive and in some cases additional documents may be required to complete the due diligence process