



# MAURITIUS POST & COOPERATIVE BANK LTD.

To: The Manager  
MPCB Ltd.  
Port-Louis

Date \_\_\_\_\_

**BUSINESS CUSTOMER INFORMATION /  
ACCOUNT OPENING FORM**

- Limited Company   
  Partnership   
  Sole Proprietorship  
 Others (please specify) \_\_\_\_\_

- NOTE:**
1. Please complete Parts A, B & C if you are opening a Business Account;  
Please complete Parts A & C only if otherwise
  2. Please  where applicable and complete this form in **BLOCK LETTERS**.
  3. \* Please delete whichever is not appropriate

For Bank Use Only	
Customer ID.	Bank Authorised Signature Only
Account Number	

**Part A - Business Customer Information**

Customer's Name		
*Registered No./Identity Document Type & No.	Nature of Business/Industry	Country of Incorporation/Registration
Correspondence Name and Address		
Person to Contact: <i>Unless otherwise specified correspondence will be sent to you by mail</i>		Fax No: Telephone Number: E.mail Address
Registered Office/Factory/Principal Office Address (complete only if different from Correspondence Address)	Details of Introducer: Name: Account Number: Address:  Telephone Number: Signature:	

Please complete as appropriate

1. Do you maintain or have you maintained any other account(s) with the MPCB Ltd in the above name?  
if yes, please complete the following:
 

Bank/Branch	Account Number
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2. Details of Present Bankers
 

Bank/Branch	Account Number
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3. Do you use a company or corporate Credit Card issued by the MPCB Ltd?
 

<input type="checkbox"/> VISA	<input type="checkbox"/> Master Card	<input type="checkbox"/> No
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4. Are you a Subsidiary/Associate of another organisation?
 

<input type="checkbox"/> Subsidiary of (i.e. owned more than 50%) _____	Customer No. _____
<input type="checkbox"/> Associate of (i.e. owned 20-50%) _____	Customer No. _____
<input type="checkbox"/> No	



**For Bank Use Only**

Customer Type	<input type="text"/>	Sub Sector Code	<input type="text"/>	<input type="checkbox"/> Mandate	<input type="checkbox"/> MAA/Application
Customer Status	<input type="text"/>	Scheme Code	<input type="text"/>	<input type="checkbox"/> Board Resolution	
Customer Group	<input type="text"/>	Line of Business	<input type="text"/>	<input type="checkbox"/> Certificate of Incorporation	
Acc Manager	<input type="text"/>	GL Subhead Code	<input type="text"/>	<input type="checkbox"/> Identity Cards	
Sector Code	<input type="text"/>	Initiating Service Outlet	<input type="text"/>	<input type="checkbox"/> Proof of Address	

Processed by: Name \_\_\_\_\_

Signature \_\_\_\_\_

Checked by : Name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**RELATED DIRECTORS/SHAREHOLDERS/AUTHORISED SIGNATORIES PROFILE**

	1	2	3
ID (Bank use)			
Surname			
Forename			
Category			
IC type			
IC no			
Date of Birth			
Maiden Name			
Marital Status			
Residential Address			
Mailing Address			
Phone No.			
Mobile Phone No.			
Shareholder			
Director			
Authorised Signatory			
Profession			
MPCB Customer			
Employed By			
Business Address			
Business Sector			
Business Phone no.			
Specimen signature			