

DECLARATION OF BENEFICIAL OWNER(S)

This form can be filled in on a computer; alternatively please print and complete fields in CAPITAL letters using black ink and tick (>) where appropriate.

Please refer to the Guidance Notes on the Declaration of Beneficial Ownership (F1760A) for additional information.

1. Declaration of Beneficial Ownership							
Name of Customer:							
(the "Customer")	Drivete Comment	T	Contint	Dovid	hara and ta		
Legal status:	Private Company	Trust	Société	Part	tnership		
	Foundation	Public Listed Comp	Other, please	specify:			
Certificate of Incorporation/ Registration Number:							
Country of Incorporation:							
For Public Listed Company, please specify below:							
Name(s) of the Stock Exchange:							
Name of majority-owned subsidiary of such a company: Where applicable							
2. Details of Bene	oficial Owner(s)						
	le for a company listed on a stock	exchange or if such a company	is a majority-owned subsidiary of	f a listed company.			
In line with the mandatory AML/CFT provisions of the Financial Intelligence and Anti-Money Laundering Act 2002, the Financial Intelligence and Anti-Money Laundering Regulations 2018, the Bank of Mauritius Guideline on Anti-Money Laundering and Combating the Financing of Terrorism and Proliferation 2020 and the Financial Services Commission Anti-Money Laundering and Combating the Financing of Terrorism Handbook 2020 (as amended from time to time):							
I/We* herein acting on behalf of the above-named Customer hereby declare that the beneficial owner(s) of the Customer (i.e. individual(s) who ultimately own(s) or effectively control(s) the Customer, irrespective of shareholding) is/are as follows:							
Details of Beneficial Owner(s) (Please provide details on beneficial owner(s) who own or have an effective interest of 20% or more)							
First Name	Last Name	National ID/ Passport Number	Current Permanent Residential Address	Nationality	Company Title/ Capacity at level of Entity/ Legal Arrangement	Effective Interest (%)	
Note: 1. The Mauritius Commercial Bank Limited may request for further information and/or documents, deemed necessary, to complete its due diligence process from a risk based approach.							
2. If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatories.							

Initials:

CUSTOMER DECLARATION I/We* hereby certify that: • the information furnished

- the information furnished here above is complete, true and accurate in all respects;
- there are no anonymous principals and the true identity of the beneficial owner(s) is known; and

any subsequent changes brought to the Customer's beneficial ownership shall be notified to the Bank forthwith.						
* Strike out and initial as appropriate						
Please sign below:						
To be signed by Legal Entity Secretary/Signatory(ies) of Acts, Deeds and Documents of the Applicant(s).						
Signati	Signature:	Signature:				
in the second		If more than one signature needed				
	Name:	Name:				
	Date:	/ / (dd/mm/yyyy)				
FOR BANK USE ONLY						
KYC Doc collected and certified						
Checked By	<i>/</i> :	Verified By:				
Signature:		Signature:				
Signature C	ode:	Signature Code:				
Date:		/ / (dd/mm/yyyy)				