

**NON-INDIVIDUAL  
FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) ASSESSMENT FORM**

CIF:

Entity Name:

**SECTION A: INDICIA OF US ENTITY**

		Please tick (✓) as appropriate Numbers in brackets ( ) are related to Section B	Yes	No
a	Is the entity incorporated in the US?			
b	Does the entity have a US residence or mailing address? <sup>(1)</sup>			
c	Does the entity maintain an "in care of" or a "hold mail" US address? <sup>(2)</sup>			
d	Does the entity have a current US landline phone number? <sup>(3)</sup>			
e	Does the entity have standing instructions to transfer funds to an account maintained in the US, or instructions regularly received from a US address? <sup>(4)</sup>			
f	Does the entity have any income from US source? <sup>(5)</sup> (See Note A)			
g	Has the entity granted a power of attorney or signatory authority to a person with a US address? <sup>(6)</sup>			
h	Is the entity taxable in the US? <sup>(7)</sup>			
i	Is the entity a subsidiary of any company located in the US? <sup>(8)</sup>			
j	Does the entity have any substantial US owner (US person (shareholder and director) with 10% or more interest by vote or value) and/or any Ultimate Beneficial Owner (UBO) with US citizenship? If "Yes", please complete section C below.			

If you have answered "Yes" to any of the above, please complete section B.

Note A: Income can be interest, dividend, rent, salary, wage, premium, annuities, compensations, remuneration, emoluments and other fixed or determinable annual or periodic gains, profits and income from US sources. Also include gross proceeds from sale or other disposition of any property of a type which can produce interest or dividend from US sources.

**SECTION B: ADDITIONAL INFORMATION**

If you have answered "Yes" to any of the above, please complete this section. Write N/A where not applicable.

1	US residence or mailing address	
2	US "in care of"/ "hold mail" address	
3	US landline phone number	
4	Purpose/ Type of transfer of fund	
5	Type of income	
6	Name/s and address/es of US authorised signatory or person having power of attorney	
7	US Tax Identification Number (TIN)	
8	Name of Holding company	

**SECTION C: US SUBSTANTIAL OWNER (US person with 10% or more interest by vote or value)/ UBO with US citizenship**

	NAME	ADDRESS	TIN
1			
2			
3			
4			
5			

**Important Note:**

SBM Bank (Mauritius) Ltd hereby informs you that if the above entity is connected to the US (for example if it is a US entity or receive any fixed or determinable, annual or periodic income from the US), SBM Bank (Mauritius) Ltd may be obliged to report information related to its competent local tax authority which will in turn pass on the information to the competent tax authority in the United States.

**COMPANY SECRETARY/ DIRECTOR OR CHAIRMAN DECLARATION**

The entity above **is/ is not** a US entity or taxable under the US laws. *(Please delete as appropriate)*

I confirm that all the information provided above is true and correct.

I understand it is my responsibility to inform SBM Bank (Ltd) Ltd of any changes regarding the entity's tax status.

I am aware that SBM Bank (Mauritius) Ltd shall be required to disclose and report to competent US tax authority any tax information, financial account information or any additional due diligence information obtained from me/us in compliance with the FATCA regulation.

Name (1): ..... Signature: ..... Date:.....

Name (2): ..... Signature: ..... Date:.....

**OFFICE USE**

FATCA classification: Entity is a: Reportable  Non-Reportable

Staff Name: ..... Signature: ..... Date: .....

Supervisor Approval: ..... Signature: ..... Date: .....

Verified by DMU: ..... Signature: ..... Date: .....

Form .....of .....

This present form/document and the account opening form shall be deemed to form one single instrument.