

## CLIENT REGISTRATION FORM (minor)

### 1. Minor's details

Name: \_\_\_\_\_  
 First names: \_\_\_\_\_  
 \_\_\_\_\_  
 Nationality: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### 2. Parents'/Guardian's details

Father's name: \_\_\_\_\_  
 Mother's name: \_\_\_\_\_  
 Legal Guardian's name: \_\_\_\_\_  
 Marital status of parents: \_\_\_\_\_

### 3. Additional details of one parent or guardian above-named (please tick)

Father     Mother     Legal Guardian

N.I.C. \_\_\_\_\_

Passport number: \_\_\_\_\_

Passport expiry date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Residential status (please tick):

Own residence     Rented residence

Parents' or spouse's residence

Residence provided by employer

Permanent residential address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mailing address (if different):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

### Employment details

Employment status (please tick):

Employed     Self employed

Retired     Housewife

Unemployed     Student

Occupation (present or last):

\_\_\_\_\_

Employer's name (present or last):

\_\_\_\_\_

Business sector of employer (or self, if self-employed):

\_\_\_\_\_

### Gross monthly income/Revenue (in 000s MUR): (please tick)

Below 10     Between 10 and 30

Between 30 and 50     Between 50 and 75

Between 75 and 100     Above 100

### Net assets (in MUR millions): (please tick)

Below 0.50     Between 0.50 and 1

Between 1 and 3     Between 3 and 5

Between 5 and 10     Above 10

### Origin of funds: (please tick)

Salary/Pension     Rent

Interest     Alimony

Loan/overdraft     Inheritance

Lottery or gambling     Gift

Insurance     Lump Sum

Profits     Dividends

Capital gains     Compensations

**4. Would you like settlement of purchases and all other commissions and fees to be debited from an MCB account in your name or in the minor's name?**

Yes  No

(If Yes, fill-in Debit Authorisation)

**5. Would you like sale proceeds to be credited to the MCB account of the minor?**

No  
 Yes, account number \_\_\_\_\_

**6. Do you authorize us to sign application, tender, CDS Account Opening and CDS Deposit forms on the minor's behalf?**

Yes  No

**7. Would you like dividends to be credited to the minor's bank account by company/fund registries, whenever this possibility exists?**

No  
 Yes, account number \_\_\_\_\_

Bank Name: \_\_\_\_\_  
\_\_\_\_\_

Are you already a client of any subsidiary of MCB Capital Markets group?

Yes  No

We may from time to time use your personal information to send you details of other products and services (including our products and services) that we feel may be of interest to you.

Please tick here  if you object to this.

We may from time to time disclose your personal information to other companies within the MCB Capital Markets group of companies for them to send you details of their products and services that they feel may be of interest to you.

Please tick here  if you object to this.

**Declaration and Undertaking by both parents/ Legal Guardian**

I/We hereby declare that I/We shall at all times adhere and strictly comply with all applicable laws, that I/we have not been and shall not be involved, directly or indirectly, either individually or jointly with any other person(s), in any money laundering or terrorist financing activities (including without limitation being engaged in any transaction that involves property which in whole or in part, directly or indirectly, represents the proceeds of any crime, or receiving, being in possession of, concealing, disguising, transferring, converting, disposing of, removing from or bringing into Mauritius any property which in whole or in part, directly or indirectly, represents the proceeds of any crime) and that I/we have never and shall not engage in insider dealing.

I/We further represent that on this date, the answers to the above questions are true, correct, and complete to the best of my/our knowledge. I/We understand that the answers to these questions shall be deemed continuing. If the information I/we have provided changes at any time and renders any of the information or declaration given herein inaccurate or incomplete, I/we undertake to immediately notify MCB Stockbrokers Ltd. of such changes.

I/We have received, read and approved all terms of business communicated in the Acceptance Letter - Conditions of Business.

Signature: \_\_\_\_\_ (father)

N.I.C: \_\_\_\_\_

Signature: \_\_\_\_\_ (mother)

N.I.C: \_\_\_\_\_

Signature: \_\_\_\_\_ (Legal Guardian)

N.I.C: \_\_\_\_\_

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

**FOR OFFICE USE ONLY** \_\_\_\_\_

Received by: (sign) \_\_\_\_\_

Checked and approved by: (sign) \_\_\_\_\_

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

A/C Number/s \_\_\_\_\_  
\_\_\_\_\_