Date: _____

The Manager
The Mauritius Commercial Bank (Seychelles) Ltd

Dear Sir/Madam,

Re: Registration for Emailing Facilities - Non Individual Customer

I/We* shall be grateful if you will send all the statements and advices pertaining to all the existing and any future MCB Seychelles Current, Credit Card, Merchant Statement, Loan, Fixed Deposit Accounts, Trade Finance and Bank Guarantee Contracts to the email address specified below:

Email address:

Note: Any existing email address in our records shall be replaced by the above email address to convey your statements/advices related to your accounts.

Customer Name: _____

Consequently,

It is understood that, upon approval of the request, issuance of paper statements and advices for the accounts specified above shall be discontinued.

It is further understood that certain types of documents are subject to regulatory or legal requirements, and are bound to be sent to me/us* in hard copy, and I/we* undertake not to hold the bank responsible for receiving such paper documents.

I/We* hereby declare that I/we* are aware of the risks inherent to the emailing of the documents referred to above including but not limited to, documents being sent to impersonated email addresses and/or wrong recipients and thereby becoming known to third parties, and I/we* agree to bear the consequences thereof.

I/We* shall be responsible for updating the designated email address details with the bank as and when necessary.
(Note: A Resolution drafted as per template herewith attached shall be provided if same has not already been submitted to the Bank.)

I/We* further undertake to hold the Bank and/or any of its agents harmless against claims or demands arising from the execution of the present instructions and undertake not to enter any action against the bank and hereby irrevocably renounce to any rights I/we* may have accordingly.

The present authorisation shall remain valid until **written** revocation by me/us* is received and acknowledged by the Bank.

Yours faithfully,

Authorised Signatory/ies

(S) _____ (S) _____

Name: _____ Name: _____

NIN/Valid Passport Number:

NIN/Valid Passport Number:

(*) Delete as appropriate and intial

FOR BANK USE ONLY

TO BE COMPLETED AT RECEIVING BRANCH/BU

Customer Number: _____ Account Numbers: _____

Signatures Verified by: Processed by:

(S) _____ (S) _____

Name: _____ Name: _____

Date: _____ Date: _____

The Mauritius Commercial Bank (Seychelles) Ltd.
P.O. Box 122 - Main Branch, Caravelle House, Manglier Street, Victoria, Mahe, Republic of Seychelles
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