

# SBM

## MERCHANT AFFILIATION FORM

To be filled in by Merchant

### 1. MERCHANT DESCRIPTION

Registered name: .....

Trading name: .....

Registered address: .....

Business description: .....

Contact Tel Details No: 

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 Mobile No: 

--	--	--	--	--	--	--	--	--	--	--	--

 Fax No: 

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Email address: .....

### 2. OUTLET DETAILS (please fill in this part if trading name is different from company name and/or application is made for more than one outlet)

	Trading Name	Address	City	Contact Person name	Phone number
1					
2					
3					

### 3. BANK RELATIONSHIP

Tick (✓)	Currency	Bank name	Account number																
	MUR																		
	EURO																		
	US Dollar																		
	Other																		

### 4. SIGNATURES (kindly affix your company seal to each signatures below)

Full Name \_\_\_\_\_ Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

NIC no \_\_\_\_\_ NIC no \_\_\_\_\_

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

**For Bank Use only**  
 Branch Manager / RO comments/ Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*All requests should be mailed to  
 POS officers, L10 SBM Tower, 1 Queen Elizabeth II Avenue, Port Louis  
 or faxed on 208 8206 or sent to pos@sbm.intnet.mu*

Issued by State Bank of Mauritius Ltd