

Due Diligence Form – Service Provider

This form shall apply in all such cases where a due diligence is required to assess the risk profile of a service provider (individual or corporate) as per the requirements of the AML-CFT Legislative Framework & NIC AML/CFT Policies & Procedures.

Kindly complete Section 1 or Section 2 depending on the legal structure of the Service Provider.

- Section 1: Applicable if the Service Provider is a Company or has a similar legal structure
- Section 2: Applicable if the Service Provider is an Individual and Self Employed

1. IS THE SERVICE PROVIDER A COMPANY? IF YES, FILL IN THIS TABLE	
Company Name or Name of Legal Arrangement	
Any previous name(s)	
Commercial Name (if different from above)	
Business Registration Number	
Type of Company or Legal Arrangement (please tick all that apply)	Private Company Public Company Listed Company Regulated Company Trust Partnership Association Government owned Non-Profit Organisation Other (Please provide details)
Office Registered Address (Full Address)	
Bank Name and Bank Account Number	
Name(s) and ID of all shareholders having ownership of 20% and above (if shareholder is not a natural person, please provide full shareholding structure traced to a natural person)	
Name(s) and ID of Directors (Please provide a separate sheet for the List of Directors in case of more than 4 directors)	1. 2. 3. 4.
Name and ID of CEO/Managing Partner/General Manager or other senior officer	
If Legal entity is a Trust, Name and ID of Settlor, Trustee(s) and Beneficiary(ies)	

2. IS THE SERVICE PROVIDER AN INDIVIDUAL? IF YES, FILL IN THIS TABLE	
First Name(s)	
Surname	
Maiden Name (if applicable)	
Any Previous Name(s) Used (if applicable)	
National Identity Card / Passport No.	
Nationality (Please state all held)	
Office Registered Address (Full Address)	

3. NATURE OF INTENDED BUSINESS RELATIONSHIP

3.1 Please state the reasons for the intended business relationship:

Supplier Service Provider Other (Provide details)

3.2. What type of products and/or services does your company (do you) provide?

In the following sections, please note that the **“Firm”** would mean the Company providing the product or service and **“You”** would mean the individual person providing the product or service

4. BACKGROUND CHECK – PART I

4.1. Does the Firm (Do You personally) have any business activity in any foreign countries?

Yes No

If Yes, please provide details:

4.2. Does the Firm’s management or directors (Do you personally) have any business, social or personal activity in any foreign countries?

Yes No

If Yes, please provide details:

4.3. Does the Firm (Do you personally) Have any affiliations with any one of the following group, whether locally or internationally?

Political Party	Yes	No
Socio-Cultural Organisations	Yes	No

If Yes, please provide details:

4.4. Are any senior member(s) of the Firm (Are You personally) a PEP / close associate of a PEP / family member of a PEP?

“PEP” means Politically Exposed Person. It refers to an individual who is or has been entrusted with prominent public position in:

- Mauritius or a foreign country with substantial authority over policy, operations or the use or allocation of government-owned resources (e.g. Heads of States or Government, parliamentary members, senior politicians, senior government, judiciary or military officials, senior executives of state owned corporations and important political party officials); or
- An international organisation such as directors, deputy directors, members of the board or equivalent functions

“Close associate” means a natural person who is closely connected to a PEP, either socially or professionally;

“Family member” means a parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling and adopted sibling of the PEP;

Yes No

If Yes, please provide details (and fill in an Enhanced Due Diligence form):

5. FINANCIAL STANDING (Required for all first time service providers and every 3 years)

5.1. How much capital has been injected in the business?

(Provide details)

5.2. What is the source of the capital?

Shareholders’ Funds Bank Funding Family Funding Third Party Funding*
Donation* Other*

**(Provide details)*

5.3. What is main activity of the business?

5.4. What is annual turnover of the business? Please provide a scanned copy of the financial statement for the last 12 months.

5.5. What is the latest profit/loss result of the business?

6. BACKGROUND CHECK – PART II

Please tick as appropriate and provide the necessary details as applicable. If the answer to any of these questions under this Section is “Yes”, please provide full details and disclosures.

6.1 Has the Firm (Have you personally) ever been subject of an investigation from the local authorities including the Mauritius Revenue Authority (MRA), Financial Intelligence Unit (FIU), Independent Commission Against Corruption (ICAC), Asset Recovery Unit, and the Mauritius Police Force.

Yes No

If Yes, please provide details and the outcomes thereof:

6.2 Has any member of the Firm (Have you personally), either in a capacity as employee, director or shareholder, been investigated, suspended or sanctioned by a regulatory body, a court or tribunal, whether publicly or privately?

Yes No

If Yes, please provide details:

6.3 Has the Firm (Have you personally) ever been subject of an investigation from an international institution, authority or professional body?

Yes No

If Yes, please provide details and the outcomes thereof:

6.4 Has the Firm or any member of the Firm (Have You personally) ever been charged or convicted of any criminal offence, particularly an offence relating to dishonesty, fraud, financial crime or other criminal acts or been involved in acts of misfeasance or serious misconduct?

Yes No

If Yes, please provide details and the outcomes thereof:

6.5 Has the Firm (Have You personally) been refused registration, authorisation, membership or a licence to conduct trade, business or profession, or has had that registration, authorisation, membership or licence revoked, withdrawn or terminated?

Yes No

If Yes, please provide details:

6.6 As a result of the removal of the relevant licence, registration or other authority mentioned in question 6.2 above, has the Firm (have You personally) ever been refused the right to carry on a trade, business or profession requiring a licence, registration or other authorisation?

Yes No

If Yes, please provide details:

6.7 Has any member of the Firm (Have you personally) ever been as director, partner, or otherwise involved in the management, of a business that has gone into conservatorship, receivership, insolvency or liquidation within last three years?

Yes No

If Yes, please provide details:

6.8 Has the Firm or any member of the Firm (Have You personally) ever been disciplined by a professional, trade or regulatory body; or dismissed or requested to resign from any position or office for negligence, incompetence or mismanagement?

Yes No

If Yes, please provide details:

6.9 Does the Firm (Do you personally) have any regular dealings or activities with any one of the following types of businesses, whether locally or internationally?

Betting or gambling	Yes	No
Jewellery	Yes	No
Real Estate	Yes	No
Barrister/Attorney/Notary/Law Firm	Yes	No
Accountant/Accounting Firm	Yes	No

6.10 Does the Firm (Do you personally) have any other business activity?

Yes No

If Yes, please provide details:

6.11 Does the Firm or any senior member(s) of the Firm (Do you personally) have any conflict of interests with the affairs of the NIC Group?

Yes No

If Yes, please provide details:

6.12 Does the Firm (Do you personally) abide by environmental, social and governance (ESG) principles in the conduct of business and/or in the conceptualisation/production/delivery/implementation of the outsourced product(s)/service(s) by the NIC Group?

Yes No

If Yes, please provide details:

6.13 Does the Firm (Do you personally) publish a Sustainability or Corporate Social and Environment Responsibility Report?

Yes No

If Yes, please provide details:

6.14 Is your Firm registered as a Data Controller/Processor with the Data Protection Office?

Yes No

If Yes, please provide a copy of your registration certificate.

6.15 Does your Firm have a dedicated Data Protection Officer?

Yes No

If Yes, please provide details:

6.16 Does your Firm have a written Policy in place for the processing of personal data in accordance with the Mauritian Data Protection Act 2017 and the General Data Protection Regulation (GDPR)?

Yes No

If Yes, please provide details:

6.17 Does your Firm have security measures in place or that it will adopt regarding personal data that will be processed as part of the aforementioned business transaction.

Yes No

If Yes, please provide without limitation processes in place within your Firm in the event of a data breach, retention process and in case personal data is being transferred outside of Mauritius.

7. SERVICE PROVIDER DECLARATION (CONSENT, ACKNOWLEDGEMENT & SIGNATURE)

I, _____, holder of National Identity Card / Passport
No. _____, hereby declare that:

- (a) *the statement made and the information supplied in this questionnaire are correct and there are no other facts that are relevant to the Company for assessing the full profile of the business;*
- (b) *I authorise the Company to seek any additional information from any third parties it deems necessary in view of assessing the full profile of the business (or my profile); and*
- (c) *I undertake to promptly notify the Company, in writing, upon the occurrence of any change to the particulars listed above, including but not limited to PEP details or personal/company information at any point in time during the course of the business relationship.*

Signature:

Date:

8. FOR OFFICE USE

**Observations / Approvals / Rejections
(as applicable)**

Name & Signature

Date
