



APPLICATION FORM



Head Office Port Louis Emmanuel Anquetil St. | Tel: (203) 214 3178 | Valueplus.mu

Dear Sir,

I, the undersigned, wish to have a **VALUE PLUS** Account opened and my particulars are as follows:

Surname:

Other Names:

Address:

Email:

Phone Number:

Date of Birth:

Identity Card No:

Passport No. (if not Mauritian):

Nationality (if not Mauritian):

☐ SMS Betting

Terms and conditions - VALUE PLUS ACCOUNT

1. I certify that I am over 18 years of age.
2. I understand that my deposit shall not accrue interests.
3. I agree that the Mobile number provided will be linked to my Account.
4. I consent to using my phone number for the purpose of remote communication betting.
5. I hereby declare that I am solely responsible and liable for any misuse by whomsoever of my security code, my security PIN VALUE PLUS card and my phone number.
6. I certify that I am complying with the local Anti- Money Laundering laws and regulations.
7. I understand that VALUE PLUS Rules and Regulations may be altered if deemed necessary subject to the approval of board of Gambling Regulatory Authority (GRA).
8. I acknowledge that I must register the primary SIM which must be in my own name. Opening and closing of Account by proxy is not allowed.
9. I have taken cognizance of VALUE PLUS rules and regulations and irrevocably agree to be bound by them.
10. I agree to abide by all applicable Rules approved by the GRA for Fixed-Odds betting on Football matches played outside Mauritius.
11. I hereby undertake to notify the Account Manager in writing of any changes in my Account details or in the particulars presently submitted within seven (7) days of such change taking place.

Having read and understood, I agree to the terms and conditions . I also certify that the above information is true and valid.

Signature:

Date: