

THE MAURITIUS CIVIL SERVICE MUTUAL AID ASSOCIATION LTD

5, Guy Rozemont Square, P. Louis Tel. No. 213 6060 (30 lines) Hotline.

Email: m.c.s.mutualaid@intnet.mu Web site:www.mcsmutualaid.com

212 4000

EDUCATIONAL LOAN APPLICATION FORM - E

ELN1 / 15.07.24

Fax No. 211 2441

1.0	Offic	e Us	e															
Loan Typ	e: Renewal	l: NA]	New:			Rate	of Intere	st		% p.a	ı	Loan	offset	: Yes		No	, \square
CIF:							LO	AN NO.										
Loan Amo	ount : Rs			••••••]	previous	s loan i	in case	of renew	al Ma	ker (Na	ıme): .		Pos	st:	Sign	ature:	Date	e:
Checker (N	[ame]:		Post:		Signa	ature:.		Dat	e:									
1.1 Loan A	Amount Eli	gible R	.s:			(Client	informe	d by pl	none w	hen lo	oan ai	nount i	s diffe	erent:	Yes [] N	lo 🔲
Refund Pe	eriod (mont	hs) :		M	aker (N	(ame			I	ost:		Sign	ature:.			Date:	/	/
	Name):				Pos	st:			. Sign	ature:.		•••••		Dat	e:	/	/	• • • • •
1.2 <u>Imp</u>	ortant Note							ct the Mini		artment	t/Accou	untant	General/	SICOM	Ltd for	verificatio	n of the	original
	applicant a	grees th	at the	employ	ver be al	llowed	to be	communi	cated th	_		-			_			
	order to impre																nstructe	ed
2.0	PA	RT 2	.0 тс	3.0	ТО	BE F	ILLE	DINE	SY AF	PLIC	CAN	Γ (IN	BLOC	K LE	TTE	RS)		
Surname	(Mr/Mrs/I	Miss):									Surr	name	at Birt	h:				
First Nan	ne										Em	ail:.						
	1			Τ							1							
N.I.C.											<u> </u>			İ				
Place of 1	Birth :				Mari	tal St	atus (Please tick)	: Sing	le:	Mai	rried:		Divo	rced:	(evide	nce to be	attached)
Post Held	1								M	onthly	y sala	ıry R	s			,.		
Dept/Mir	nistry								Pa	ysite	Code	e / Pei	n No.					
Tel. No.	(Office)				Tel. N	o. (H	ome)			M	obile	:	5					
No.																		
Loan Am	ount Rs								D.	afund	norio	хd				moi	nthe	
											•							
	meГ	······	· · · · · · ·		·······	· · · · · ·	· · · · · ·	Ban	K Brai	nen	·····	······	 ¬	•••••	• • • • • • •		• • • • • • •	• • • • • • •
Bank A/c																		
Home Ac	ldress :								• • • • • • •		• • • • • •					• • • • • • • • • • • • • • • • • • • •		
(5) Mothe				(6) (Others (specif	ý)									(4) Fathe		Ш
children)?	rive net incor Yes			No										_	owned	by spouse	and dep	pendent
	Politically Ex														No L			
	ersigned, he					-												
in accordant consequent I hereby auth to me by any Ltd of the fu	nce with Art ly authorise torize the MCS financial instinctions of the	ticles 1 the dedu SMAA La itution in MCIB.	to 6 of action of td to ma Mauriti	f the B of the rake nece ius and t	y-Laws monthly essary enc to provide	of the loan a quiry fro e the M	e Asso bateme om the l CIB wi	ciation arent from r Mauritius (th relevant	nd Artic ny salar Credit In informa	cle 7.1. ry/pens formatio tion on t	1 of the ion. on Bure the pres	he Cor au (MC sent loa	nstitutio CIB) rega n faciliti	on of the ording a less. I ha	he MC ny loan ve been	SMAA L facilities pr	td and reviously	hereby, granted
Lalso author	ize the MCSN	bt I AAl	to subm	nit my 'l	Know Yo	nir Cus	tomer'	(KYC) rec	ords to t	he KYC	Regist	try of th	ne Bank	of Man	ritius.			

I am fully aware of the provisions applicable under the Data Protection Act. I consent that you use, update and process the data and keep the details given to you in a database. The purpose of data collection is to process and monitor the loan. It is mandatory to provide data, else MCSMAA Ltd will not process the loan. Once the application has been processed, all data will be destroyed as per legal requirements.

I agree to the MCSMAA Ltd sending me an SMS/ Text Messages regarding my loan account on my above mobile phone number. I solemnly affirm that the above mobile number submitted by me to the MCSMAA Ltd is duly registered under my name with my mobile service provider. I undertake to compensate MCSMAA Ltd in the event it becomes liable to any third party as a result of this number being false or otherwise inexact. I undertake to inform immediately in writing the MCS Mutual Aid Association Ltd in case of any changes in the personal data provided above. I agree to receive statement of loans at regular intervals from the MCS Mutual Aid Assn. Ltd by the email given above.

I am fully aware that providing any false or misleading information to MCSMAA Ltd in connection with my customer due diligence requirements, I shall commit an offence under section 17(C)(6) of the Financial Intelligence and Anti-Money Laundering Act 2002 and shall be liable to a fine not exceeding MUR 500,000 and to

imprisonment for a term not exceeding 5 years. I am / am not / under report/ involved in a police case / under prosecution before a court of law / subject to any freezing order.(delete as appropriate). I am aware of the 'Complaints Handling Policy and Procedures' available on www.mcsmutualaid.com

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2.1 REQUEST FOR OFFSET OF EXISTING LOANS / ARREARS

I authorise the M.C.S. Mutual Aid Association Ltd to offset my existing loans/arrears with Mutual Aid and other institutions (as per below) from the loan applied with the Association.

2.2 DECLARATION FROM BORROWER: LOANS WITH OTHER INSTITUTIONS (IF APPLICABLE)

I have commitments or loans with other institution/(s) as follows:

SN.	Lending Institution	Purpose of Loan	Original Loan Amount (Rs)	Term (Months)	Arrears as at (Rs)	Loan Balance as at (Rs)	To Offset (Rs) (Yes/No)
1							
2							
3							
	TOTAL						

Reasons for arrears:

2.3 EMAILING OF STATEMENTS OF ACCOUNT (BORROWER & GUARANTORS)

Declaration:

I hereby declare that I am perfectly aware of the risks inherent to sending and receiving of statements of accounts by e-mail. These include, but are not limited to, documents being sent to impersonated e-mail addresses and / or wrong recipients, email accounts being hacked, or attacked by computer viruses and thus exposing my statements to third parties and I agree to bear <u>all</u> the consequences thereof. I shall be responsible for updating my e-mail address details with the M.C.S. Mutual Aid Association Ltd as and when necessary.

The M.C.S. Mutual Aid Association Ltd shall not be responsible for any of the consequences in the event I fail or delay in updating my e-mail address when so requested.

I shall inform the M.C.S. Mutual Aid Association Ltd promptly in case of any error or if I become aware that my e-mail account has been compromised in any way. The M.C.S. Mutual Aid Association Ltd shall in no way be responsible for any of the consequences if I fail to notify it of such events. I undertake to hold the M.C.S. Mutual Aid Association Ltd and / or any of its agents harmless in the execution of the above instructions and not to enter any action whatsoever against the aforesaid parties. I hereby waive any such rights I might have accordingly. The present authorization shall remain valid until <u>written</u> revocation by me.

2.4 LOAN DEDUCTION AUTHORITY FROM PENSION PAYABLE BY ACCOUNTANT GENERAL / SICOM LTD

Following application of loan from the M.C.S. Mutual Aid Association Ltd, I do hereby authorise **The Accountant General/SICOM** Ltd to deduct from my retiring gratuity, cash in lieu of sick leave / passage benefits / refund of pension contribution and other retirement benefits, any amount which is subsequently claimed by the M.C.S. Mutual Aid Association Ltd.

I also agree that gratuity / cash in lieu of sick leave / passage benefits and other retirement benefits shall be paid to me after deducting loan balances from the M.C.S. Mutual Aid Association Ltd. I undertake not to revoke this instruction without the written consent of the M.C.S. Mutual Aid Association Ltd.

2.5 DECLARATION FOR ADDITIONAL INCOME (IF APPLICABLE)

I/We hereby inform you that I/We have sufficient income to repay the loan that I/We intend to take from the Mutual Aid Association. Details of my/our additional income **per month** are as follows:

SN	Post:	(Non Member)		
	DETAILS OF ADDITIONAL INCOME	MEMBER (Rs)	SPOUSE (Rs)	TOTAL (Rs)
1	Rental Income			
2	Income from sale of vegetables			
3	Income from sale of snacks/others(to specify)			
4	Income from other job like part-time gardening/driving/sale of garments, private tuition/others(to specify)			
5	Old aged /Other pension			
6	Travelling allowances / grant and other income			
7	Interest receivable on fixed deposits/Savings/Bonds			
	Total additional income per month			

	/ Interest receivable on fixed deposits/buvings/Bonds																	
		Total	additio	nal inc	come p	er mo	nth											
I/	We here	by declare that the	e above	inforn	nation	is true	and co	rrect.										
N	ame of	Spouse:			• • • • • •				•••••		 	•••••	•••••	•••••	•••••	•••		
N	IC No.	of Spouse :																
S	Signature of spouse:																	
T	Tel No./Mobile of Spouse : Email of Spouse :																	

Signature of Applicant :		ELN1 / 15.07.24						
	CONTRACT: TO BE FILLED IN AND SIGNED BY							
	ACKNOWLEDGEMENT: UNDERTAKING TO REFUND BY INSTALMENTS I acknowledge having received from the Association the sum of Rupees							
	as loan, subject to the condition							
By-laws.								
from my salary, fees, allowances and Mauritius Civil Service Mutual Aid a represent an instalment of the princip Association shall have the right, in it	undertake to refund this loan by equal monthly and consecutive instalments of Rs							
the monthly loan instalment will rem prior to granting of the loan. In case of shall become immediately due and do	Consequently, I agree that the loan maturity date may be extended or reduced to take into account fluctuations in interest rate during the loan period. However, the monthly loan instalment will remain the same. I undertake to pay all charges in connection with the loan including the Mutual Solidarity Contribution, prior to granting of the loan. In case of any default in payment of any instalment at the due date, the entire balance of the loan together with any interest due shall become immediately due and demandable, at the option of the Association. The Association reserves the right to make amendments to any of its oan policies and/or procedures at any point in time. The Association furthermore reserves the right to apply such amendments to loans already approved and granted.							
also undertake to refund any such loan balance, as may be required, together with any interest due in case of early retirement via a Voluntary Retirement Scheme (VRS) or for any other reason and hereby authorise that the amount due be deducted from my gratuity, lump sum or any amount payable to me by my employer, Accountant General, SICOM Ltd or such other institutions responsible for payment of pension. I understand that on retirement I undertake to use part or whole of my retirement gratuity to make a part-payment on my loan balance so as to reduce the monthly deduction from my pension. I also give an unequivocal authorization to my employer to make salary deduction as requested by the Association. I do hereby give consent to the Accountant General to disclose to the Mutual Aid Association information regarding my retirement. I also empower the Accountant General to deduct from my retiring lump sum and benefits any sum accruing to the Mutual Aid Association.								
	rseas leave, I shall communicate in writing to the Associate information would be a breach of the loan contract/agree							
I understand that in case I am abroad and the Standing Order Instruction has failed and no deduction can be effected from guarantor's salary, the matter will be treated as a case of defrauding the Association of its property. I understand that the Association will proceed with legal actions against me and my guarantor(s) via the Central Criminal Investigation Department and Interpol . I understand that the Association will also inform my employer of the above matter with the assistance of Embassies and Ministry of Home Affairs in the relevant countries.								
have read and understood the "Key Facts in Contracts (KFiC) and other Information" (Ref. KF1). I am aware of my rights and responsibilities as mentioned in the "Key Facts in Contracts (KFiC) and other Information for Loanees / Guarantors / Depositors" (Ref. KF2).								
I acknowledge having read and agreed the above terms and conditions in this loan contract and hereby declare that the information I have given on this loan contract is true and correct and also approve the loan amount as below:								
Ü	** Please write in WORDS and in your own handwriting in the spaces provided: "Read and approved. Good for the sum of Rupees							
in principal to which shall be adde								
** Wording								
Applicant's Signature		Date//						
	ART 3.1 TO 3.4 TO BE FILLED IN BY GU							
DETAILS Surname (Mr/Mrs/Miss):	GUARANTOR 1 - CIF:	GUARANTOR 2 - CIF:						
First Name								
Place of Birth								
Surname at Birth								
Marital Status: (Please tick as appropriate)	Single / Married / Divorced / (evidence to be attached)	Single / Married / Divorced / (evidence to be attached)						
NIC No.								
Dept/Ministry								
Post Held								
Pay Site Code Home Address								
Tel. No.: Office, Home, and Mob No.								
State relationship with Applicant or other Guarantors (to mention which Guarantor) (Please tick if applicable)	Spouse / Son / Daughter / Father / Mother Others (specify)	Spouse / Son / Daughter / Father / Mother Others (specify)						
Email address								
Income & Wealth Status	Did you derive net income exceeding Rs15m during any financial year or own assets above Rs50m (including assets owned by spouse and dependent children)?	Did you derive net income exceeding Rs15m during any financial year or own assets above Rs50m (including assets owned by spouse and dependent children)?						

	Yes No No	Yes No						
ELN1 / 15.07.24								
DETAILS	GUARANTOR 3 - CIF:	GUARANTOR 4 - CIF:						
Surname (Mr/Mrs/Miss):								
First Name								
Place of Birth								
Surname at Birth								
Marital Status: (Please tick as appropriate)	Single / Married/Divorced /(evidence to be attached)	Single / Married / Divorced / (evidence to be attached)						
NIC No.								
Dept/Ministry								
Post Held								
Pay Site Code								
Home Address								
Tel. No.: Office, Home, and Mob No.								
State relationship with Applicant or other Guarantors (to mention which Guarantor) (Please tick if applicable)		Spouse / Son / Daughter / Father / Mother Others (specify)						
Email address	D'1 1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	D'. 1						
Income & Wealth Status	Did you derive net income exceeding Rs15m during any financial year or own assets above Rs50m (including assets owned by spouse and dependent children)? Yes No Did you derive net income exceeding Rs15m during any financial year or own assets above Rs50m (including assets owned by spouse and dependent children)? Yes No							
financial institution in Mauritius and to pr MCIB. I/We also authorize the MCSMA/I/We am/are fully aware of the provisions. The purpose of data collection is to process data will be destroyed as per legal requiren I/We agree to the MCSMAA Ltd sending submitted by me to the MCSMAA Ltd is d third party as a result of this number being personal data provided above. I/We agree I/We am/are fully aware that providing any section 17(C)(6) of the Financial Intelligen years. I/We am / are / am not / under report I/We am / are aware of the 'Complaints Ha	I/We hereby authorize the MCSMAA Ltd to make necessary enquiry from the Mauritius Credit Information Bureau (MCIB) regarding any loan facilities previously granted to me by any financial institution in Mauritius and to provide the MCIB with relevant information on the present loan facilities. I/We have been informed by the MCSMAA Ltd of the functions of the MCIB. I/We also authorize the MCSMAA Ltd to submit my 'Know Your Customer' (KYC) records to the KYC Registry of the Bank of Mauritius. I/We am/are fully aware of the provisions applicable under the Data Protection Act. I/We consent that you use, update and process the data and keep the details given to you in a database. The purpose of data collection is to process and monitor the loan. It is mandatory to provide data, else MCSMAA Ltd will not process the loan. Once the application has been processed, all data will be destroyed as per legal requirements. I/We agree to the MCSMAA Ltd sending me an SMS/ Text Messages regarding my loan account on my above mobile phone number. I/We solemnly affirm that the above mobile number submitted by me to the MCSMAA Ltd is duly registered under my name with my mobile service provider. I/We undertake to compensate MCSMAA Ltd in the event it becomes liable to any third party as a result of this number being false or otherwise inexact. I/We undertake to inform immediately in writing the MCS Mutual Aid Association Ltd in case of any changes in the personal data provided above. I/We agree to receive statement of loans at regular intervals from the MCS Mutual Aid Association Ltd in case of any changes in the personal data provided above. I/We agree to receive statement of loans at regular intervals from the MCS Mutual Aid Association Ltd in case of any changes in the personal data provided above. I/We agree to receive statement of loans at regular intervals from the MCS Mutual Aid Association Ltd in case of any changes in the personal data provided above. I/We agree to receive statement of loans at regular intervals from the M							
As guarantor, I bind myself, jointly and in solido with the Applicant and also renounce to my "benefice de discussion", to repay in full to the Mauritius Civil Service Mutual Aid Association Ltd, through salary deduction, any balance which may be due to the Association in respect of the loan and the interest thereon, should the Applicant resign, or be dismissed from the service, or otherwise fail to repay the said loan in terms of this agreement. I also give an unequivocal authorization to my employer to make salary deduction as requested by the Association. I have read and understood the "Key Facts in Contracts (KFiC) and other Information" for both borrower (Ref. KF1) and guarantors (Ref. KF3). I am aware of my rights and responsibilities as mentioned in the "Key Facts in Contracts (KFiC) and other Information for Loanees / Guarantors / Depositors" (Ref. KF2). I am aware that as guarantor, I am liable for the full amount of the debt of the borrower as if I am the borrower myself. I have been informed								
that I may seek independent le	gal or other advice before signing this guarantee. I sign abilities. I understand I cannot opt out of this loan contra	this document as guarantor in full knowledge of its						
3.3 GUARANTOR/S PA	RT – (not applicable for Mutual Aid Quick Loan)							
jointly and in solido to the M be due in case the <i>loanee fails</i> deduct from my retiring grat retirement benefits any amou	ors * of Mr/Mrs/Miss	d / quarter of outstanding balance which may the the Accountant General/SICOM Ltd * to start refund of pension contribution and other discontinuity.						
2.4								

contract and hereby declare that the information I/we have given on this loan contract is true and correct and also approve the loan amount as below:

As guarantor/s I/We acknowledge having read and agreed the above terms and conditions in this loan

1 1911/191155/19115			agree to s	stand as sole guaranto				
Signature of sole gua	rantor :		Date:/	/				
				ELN1 / 15.07.24				
		and in your own handwriting in the		nd approved. Goo				
		in principal to which sha	ll be added the accrued int	terest".				
GUARANTOR 1	** Wordin	g:		Signature:				
Name:								
• • • • • • • • • • • • • • • • • • • •								
				Date:				
•••••				//				
GUARANTOR 2	** Wordin	g:		Signature:				
Name:								
				Date:				
				//				
GUARANTOR 3	** Wording	g:		Signature:				
Name :								
• • • • • • • • • • • • • • • • • • • •				Date:				
GUARANTOR 4	** Wordin	// Signature:						
Name :	· ·							
	1							
				//				
I O AN A DDV								
LOAN APPL 4.1 ACKNOWLEDGE			4.3 EDITING OF DATA:					
'PEP'/'HNWI' / U		5. Risk Category of Customer (please tick):	Name: Department:					
VERIFICATION		Low Medium High	Bank details : Status :	H				
1. For Applicant			Telephone No.: Email:					
s customer a (i) 'PEP'	(ii) 'HNWI'	Reason for risk category:	Address: Others:					
Applicant 'PEP': YES	NO [ame:	Maker (Name):					
Applicant 'HNWI': YES	NO [T Post	Post					
3 F. G. 4			Signature:					
2 For Guarantors s guarantor a (i) 'PEP	' (ii) 'HNWI'	Signature:	Date:/					
	1	Date:/	Date:/					
	I (11) 'HNWI':	"PEP'/'HNWI' /HIGH RISK Transaction						
G1: (i) 'PEP': YES: NO YES NO		authorized by Senior Management (Please						
YES NO] (ii) 'HNWI':	delete as appropriate)	Signature:					
YES NO] (ii) ' HNWI' :							
YES NO G2: (i) 'PEP': YES: NO YES NO G3: (i) 'PEP': YES: NO	(ii) 'HNWI':	Gignati :	Signature:					
G2: (i) 'PEP': YES: NO NO YES NO YES: NO YES: NO YES NO YES NO YES NO	(ii) 'HNWI':							
YES NO G2: (i) 'PEP': YES: NO YES NO G3: (i) 'PEP': YES: NO	7	Gignati :	Date:	NTABLE				
YES NO G2: (i) 'PEP': YES: NO G3: (i) 'PEP': YES: NO YES NO G4: (i) 'PEP': YES: NO	(ii) 'HNWI':		Date:	NTABLE				
YES NO G2: (i) 'PEP': YES: NO NO G3: (i) 'PEP': YES: NO YES NO YES NO G4: (i) 'PEP': YES: NO	(ii) 'HNWI':	Date:////	Date:	NTABLE ()				

	Signature	×	<u>Total</u> : Rs	(VP)		
4. UNSC check for Guarantors (please tick)	? Date:	/	% of loan (LA/V	/P):		
G1: POSITIVE NEGATIVE FALSE POSITIVE				Post		
G2: POSITIVE NEGATIVE SALSE POSITIVE			Signature:	Date :/	/	
G3: POSITIVE NEGATIVE SALSE POSITIVE						
G4: POSITIVE NEGATIVE FALSE POSITIVE						
ELN1 / 15.07.24						
4.5 QUALITY ASSURANCE (QA)	CHECK /	4.7 LOAN PAY OFF / INPUT / AU	UTHORISATION			
ELIGIBILITY TEST		MSC not charged on previous loa	n Rs	4.8 LOAN REV	IEWED B	Y:
Passed Failed Failed		TOD Balance: (HACCBAL) Rs		1. Senior Operat		
Payment mode:		HPAYOFF:		_	ions Office	1 (500)
Cheque : EFT : L		Loan TypeRs		Name :		
Performed by: Post		Loan TypeRs				
Signature:		Loan TypeRs		Signature:		
Date:/		Other deductions :Rs		Date:/	/	
4.6 LOAN APPLICATION REVIEW LOAN COMMITTEE MEMBER		Loan input by:		2 Managan (I as	e D	~ :4 ~)
		Loan No. (HOAACLA):		2. Manager (Loa	ıns & Depo	SILS)
(1) Name:		Name: Post Name:				
Signature: Date:	./	Signature:				
(2) N		Loan authorized by: Signature:			• • • • • • • • • • • • • • • • • • • •	
(2) Name: Post		Name: Post		Date:/	/	
Signature:Date:/	/	Signature:Date:/	/			
5.0 CHECKLIST OF DOCUM	MENTS					
SN The following documents sho	uld be submitt	ted:			CS (√/X)	QC (√/X)
Ŭ		National Identity Card and B	irth Certificate	(KYC record).		
Online Birth Certificate is						
		slip (not more than 1 month).		_		
		tifying that applicant is: not ur				
		ot on prolonged sick leave and etter is valid for 4 weeks. E-cert				
		ment showing bank account nu				
<u> </u>	bank staten	nent showing name and address	s / Utility Bill ((CEB or CWA or		
Mauritius Telecom) - no		3 months old of applicant (
		d copy of NIC should be secu				
		ng relation (KYC record). <i>E-bi</i>				
6 Original & Photocopy of record). Online Birth Ce		r/s' National Identity Cards	and Birth Cei	tificates (KYC		
r '		ore than 1 month). <i>E-payslip is</i>	acceptable.			
		nent showing name and address		CEB or CWA or		
Mauritius Telecom) - no	t more than	3 months old of guarantor/s	(If utility bill is	not in name of		
guarantor/s , a written co		and copy of NIC should be secu		•		
		ng relation (KYC record). <i>E-bi</i>			1	
in case of the spouse. On		ficate and National Identity Ca ertificate is acceptable.	nu oi waru / ina	mage centificate		
Proof of study: Particula	ars of the Co	urse, letter of enrolment of stud	ent and quotatio	n / invoice / cost		
estimate emanating from		on (Mandatory). modation, travelling, mater i	ials for study	administrativa		
expenses.	ioi accolli	modation, travening, materi	iais ivi siuuy,	aummsu auve		
12 Letter of undertaking.						
13 Bank Guarantee (where a	pplicable).					
14 Fixed Charge document (cable)				

15	Letter for check-off to SICOM Ltd (applicable for parastatal bodies)	
	SIGNATURE	

6.0 ADDITIONAL UNDERTAKING FOR THE FOLLOWING DEPARTMENTS

SN.	NAMES OF DEPARTMENT	SN.	NAMES OF DEPARTMENT
1	Private Secondary Education Authority (PSEA)	7	Small and Medium Enterprises Development Authority (SMEDA)
2	Mauritius Telecom (MT)	8	Pensioners Sicom
3	Mauritius Ports Authority (MPA)	9	Pensioners (Loans Based On More Than One Pension)
4	State Informatics Ltd (SIL)	10	Cotton Bay
5	National Transport Corporation - NTC (NRB)	11	Mauritius Network Services (MNS)
6	National Empowerment Foundation (NEF)		TD/NR/SB/11.07.24