



FIXED DEPOSIT CDD FORM FOR AUTHORIZED SIGNATORIES

You are kindly requested to fill-in this form to be in line with *Section 7.2* of the *Bank of Mauritius Guideline on Anti-Money Laundering and Combating the Financing of Terrorism and Proliferation* and *Section 64B* of the *Banking Act 2004*.

Signatory One	Office Use – CIF	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> </table>																				
<p>Title: Mr/Mrs/Miss Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Others <input type="checkbox"/></p>																						
Surname :																						
First Name :																						
Maiden name (if applicable) : Email :																						
Place of Birth :																						
Address :																						
NIC No. :																						
Telephone No. : H: M: 5..... O:																						
Employer :																						
Salary received by Bank transfer : Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, Please Specify))																						
Occupation : Monthly Income : MUR.....																						
Source(s) of Income : (e.g. Salary, Savings, ...)																						
Source(s) of Wealth : (Applicable for higher risk situations)																						
Tick as appropriate : Public Sector <input type="checkbox"/> Pensioner <input type="checkbox"/> Others <input type="checkbox"/>																						
Are you a Mauritian non-resident? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you pay tax outside of Mauritius? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes to either of these questions, please fill in the CRS ¹ form as appropriate.																					
Did you derive net income exceeding MUR 15M during any financial year or own assets above MUR 50M (including assets owned by spouse and dependent children)? Yes <input type="checkbox"/> No <input type="checkbox"/>																						
<p>I am fully aware that providing any false or misleading information to Mauritius Civil Service Mutual Aid Association Ltd in connection with my Customer Due Diligence (“CDD”) requirements, I shall commit an offence under section 17(C)(6) of the Financial Intelligence and Anti-Money Laundering Act 2002 and shall, on conviction, be liable to a fine not exceeding MUR 500,000 and to imprisonment for a term not exceeding 5 years.</p>																						
Signature:		Date: / /																				
¹ Individual Self-Certification Form- COMMON REPORTING STANDARD																						



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Signatory Two

Office Use – CIF

Title: Mr/Mrs/Miss Marital Status: Single Married Divorced Others

Surname :

First Name :

Maiden name : Email :

Place of Birth :

Address :

.....

NIC No. :

Telephone No. : H: M: 5..... O:

Employer :

Salary received by Bank transfer : Yes No (If No, Please Specify

Occupation : Monthly Income : MUR.....

Source(s) of Income : (e.g. Salary, Savings, ...)

Source(s) of Wealth : (Applicable for higher risk situations)

.....

.....

Tick as appropriate : Public Sector Pensioner Others

.....

Are you a Mauritian non-resident? Yes No

Do you pay tax outside of Mauritius? Yes No

If **Yes** to either of these questions, please fill in the CRS¹ form as appropriate.

Did you derive net income exceeding MUR 15M during any financial year or own assets above MUR 50M (including assets owned by spouse and dependent children)? Yes No

I am fully aware that providing any false or misleading information to Mauritius Civil Service Mutual Aid Association Ltd in connection with my Customer Due Diligence (“CDD”) requirements, I shall commit an offence under section 17(C)(6) of the Financial Intelligence and Anti-Money Laundering Act 2002 and shall, on conviction, be liable to a fine not exceeding MUR 500,000 and to imprisonment for a term not exceeding 5 years.

Signature: Date: / /

¹Individual Self-Certification Form COMMON REPORTING STANDARD