



Business Registration No : C10000071 FLEXI No.:

Grid for FLEXI No. entry

FLEXI PLUS DEPOSIT APPLICATION FORM

1.0 Surname (Mr / Mrs / Miss):.....
First Name : .....
Surname at Birth (if applicable): ..... Place of Birth : .....
Marital Status : Single ..... Married ..... Divorced ..... Others .....
NID No. : [ ] Pay Site Code: [ ]
Salary received by Bank Transfer: Yes \_\_\_ No \_\_\_ (if No Please specify) .....
Occupation : ..... Employer .....
CATEGORY : Public [ ] Private [ ] Self Employed [ ] Others [ ]
Monthly Salary Rs:..... Source of Funds: .....(Proof to be annexed if any)
Source of wealth : ..... (applicable for high profile customer).
Address : .....
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 CRS form as appropriate.
Tel. No.(home): ..... Office : ..... Mobile : .....
Email : ..... Period of Contribution: .....years (5,10,15,20)
Bank : ..... Branch .....
Bank Account 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 [ ]
I agree to join the Flexi Plus Deposit Scheme subject to the rules and regulations of the Association.

2.0 MODE OF CONTRIBUTION (in multiples of Rs100)
I wish to make (Contributor may choose (1) or(2) or both).:
1. A Lump sum contribution of Rs..... (Cash / Office Cheque/bank transfer). [To fill payment form in case lump sum contribution exceed Rs10,000].
2. A monthly contribution of Rs..... I authorize a monthly deduction of Rs ..... from my salary / from my bank account through standing order as from .....
3. Changes in my monthly contribution from Rs..... to Rs..... Effective date : .....

3.0 SPECIAL CONDITIONS
TABLE OF BENEFITS BASED ON NUMBER OF YEARS OF CONTRIBUTION (W.E.F 01.07.2016)
Table with 4 columns: SN., PLAN OPTED, BENEFITS ON MATURITY, BENEFITS ON EARLY WITHDRAWAL. Rows for 5, 10, 15, and 20 years contribution.

Signature : ..... Date : .....

4.0

**OFFICE USE**

**ORIGINAL AND PHOTOCOPY OF DOCUMENTS REQUIRED TO JOIN THE FLEXI PLUS:**

*Please tick as appropriate*

1. National Identity Card and **Birth Certificate** of applicant). *Online Birth Certificate is acceptable.* - -
2. Bank document showing bank name, bank account and name of applicant. - - - -
3. Bank statement / Utility Bill (CEB or CWA or Mauritius Telecom) - not more than 3 months showing name - and address of applicant. (If utility bill is not in name of applicant, a written confirmation and NIC should be secured from the utility bill account holder and the original and copy of NIC of signatory). *E-bills are acceptable*
4. Recent payslip (where applicable). Downloaded payslip will only be accepted with official seal, name, signature and post of signing officer . *E-payslip is acceptable.*

5.0

**DATA PROTECTION ACT**

In accordance with Data Protection Act, the Mauritius Civil Service Mutual Aid Association Ltd (MCSMAA Ltd) will collect, process and file the personal data supplied by you in this form or any other personal data which you will subsequently provide to the MCSMAA Ltd in any manner, for any or all of the following purposes:

- a) The performance of a contract to which you are a party or the implementation of pre-contractual measures you request or require;
- b) The obtaining of authorisation from officers or other employees of the MCSMAA Ltd, when such authorisation is required in order to carry out obligations out of (a) for the purpose of informing such officers or employees of the developments within the MCSMAA Ltd whether such officers or employees are in Mauritius or outside Mauritius;
- c) For the establishing, exercising or defending of any legal claims arising;
- d) To send you information about products and /or services provided by the MCSMAA Ltd. Such information may be sent by mail, text messages, telephone, automated calling machine, facsimile machine, electronic mail or any other electronic means;
- e) For the prevention and detection of any criminal activity which the company is bound to report;

It is mandatory to provide the data, else we will not be able to process the application. Recipient of the data collected is the Mauritius Civil Service Mutual Aid Association Ltd whose registered office is at 5, Guy Rozemont Square Port Louis.

You have the right to require access to your personal data which is being processed and demand correction. In appropriate circumstances, you may request the erasure of any inaccurate, incomplete or immaterial personal data. Please inform the MCSMAA Ltd immediately of any variations relating to your personal data which is being processed by the latter. The MCSMAA Ltd undertakes to implement appropriate measures and safeguards for the purpose of protecting the confidentiality, integrity and availability of all data processed. Once the application has been processed, all data will be destroyed as per legal requirements.

6.0

**DECLARATION**

I consent that you may process the data and keep the details given to you in a database. This includes the following:

- Details I give you on application forms
- Details I give during financial reviews and interviews
- Your analysis of my transactions
- What you know from my account

I further consent to the company using, updating and processing this information to:

- Provide me with services
- Identify products and services which might be suitable for me
- Prevent and detect fraud, and
- Update their own records about me

I am fully aware of Section 52A of the Bank of Mauritius Act and I authorize that my ‘Know Your Customer’ (KYC) records and my account information, other than the balance and amount held therein, be submitted to the Registry of the Bank of Mauritius.

**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](http://www.mcsmutualaid.com)

**Signature of Applicant** : ..... **Date:** .....

**Mode of payment :**

- (i) **Cash - (limited to Rs100,000)**
- (ii) **Office Cheque drawn in the name of : “ M. C. S. Mutual Aid Association Ltd.”**
- (iii) **Bank standing order for public**
- (iv) **Deduction from salary from approved institution**
- (v) **Bank Transfer (Please insert, “Flexi Deposit and name of applicant” as details)**  
 - Bank A/c - SBI - 156 003 558 101 - SBM - 610 301 0000 2233 - MCB- 010 704 647

7.0

**OFFICE USE**

|  |             |             |                  |             |
|--|-------------|-------------|------------------|-------------|
| <b>Risk Category of Customer : Low</b> <input type="checkbox"/> <b>Medium</b> <input type="checkbox"/> <b>High</b> <input type="checkbox"/> <i>(please tick)</i> |             |             |                  |             |
|  | <b>NAME</b> | <b>POST</b> | <b>SIGNATURE</b> | <b>DATE</b> |
| <b>MAKER</b>   |             |             |                  |             |
| <b>CHECKER</b>   |             |             |                  |             |
| <b>High Risk Customer/s authorized by (Senior Management)</b>  |             |             |                  |             |

|  |                                |                                   |  |                                 |   |                                  |
|--|--------------------------------|-----------------------------------|--|---------------------------------|---|----------------------------------|
| <b>EDITING OF DATA</b>                                   | Name: <input type="checkbox"/> | Address: <input type="checkbox"/> | Bank details: <input type="checkbox"/> | Email: <input type="checkbox"/> | Tel. / Mobile No.: <input type="checkbox"/> | Status: <input type="checkbox"/> |
| <b>MAKER</b>   | Name :                         |                                   | Signature:                             |                                 |   | Date:                            |
| <b>CHECKER</b>   | Name :                         |                                   | Signature:                             |                                 |   | Date:                            |
| <b>IS CUSTOMER A PEP?</b>                                | <b>YES</b>                     | <b>NO</b>                         | <b>NAME</b>                            | <b>SIGNATURE</b>                | <b>DATE</b>                                 |                                  |
| <b>MAKER</b>   |                                |                                   |  |                                 |   |                                  |
| <b>CHECKER</b>   |                                |                                   |  |                                 |   |                                  |
| <b>PEP Transaction authorized by (Senior Management)</b> |                                |                                   |  |                                 |   |                                  |

|  |            |           |             |             |                  |             |
|--|------------|-----------|-------------|-------------|------------------|-------------|
| <b>IS CUSTOMER A PEP?</b>                                | <b>YES</b> | <b>NO</b> | <b>NAME</b> | <b>POST</b> | <b>SIGNATURE</b> | <b>DATE</b> |
| <b>MAKER</b>   |            |           |             |             |                  |             |
| <b>CHECKER</b>   |            |           |             |             |                  |             |
| <b>PEP Transaction authorized by (Senior Management)</b> |            |           |             |             |                  |             |

|   |            |           |             |             |                  |             |
|---|------------|-----------|-------------|-------------|------------------|-------------|
| <b>IS CUSTOMER A 'HNWI'?</b>                                | <b>YES</b> | <b>NO</b> | <b>NAME</b> | <b>POST</b> | <b>SIGNATURE</b> | <b>DATE</b> |
| <b>MAKER</b>  |            |           |             |             |                  |             |
| <b>CHECKER</b>  |            |           |             |             |                  |             |
| <b>'HNWI' Transaction authorized by (Senior Management)</b> |            |           |             |             |                  |             |

|   |             |             |                  |             |
|---|-------------|-------------|------------------|-------------|
| <b>UNSC check for Applicant (please tick)</b>                       | <b>NAME</b> | <b>POST</b> | <b>SIGNATURE</b> | <b>DATE</b> |
| <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE |             |             |                  |             |
| <input type="checkbox"/> FALSE POSITIVE                             |             |             |                  |             |

|                              |                 |             |             |                  |             |
|------------------------------|-----------------|-------------|-------------|------------------|-------------|
|                              |                 | <b>NAME</b> | <b>POST</b> | <b>SIGNATURE</b> | <b>DATE</b> |
| <b>CIF – CREATE / UPDATE</b> | <b>MAKER</b>    |             |             |                  |             |
|                              | <b>CHECKER</b>  |             |             |                  |             |
|                              | <b>EXAMINER</b> |             |             |                  |             |
| <b>INPUT / AUTHORISE</b>     | <b>MAKER</b>    |             |             |                  |             |
|                              | <b>CHECKER</b>  |             |             |                  |             |
|                              | <b>EXAMINER</b> |             |             |                  |             |