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																							I	Date	e:		./		/		
M.C.S	Chief Executive S. Mutual Aid A y Rozemont Squ	ssocia	ition I		,																										
Dear	Sir,																														
RE:	REQUEST F	OR (OFFS	SET	OF	EX	IST	ING	G L()A	NS/	AR	RE	AR	S																
I authorise the M.C.S. Mutual Aid Association Ltd to offset my existing loans/arrears with institutions (as per annex) from the loan																															
of Ru	of Rupees (in words)																														
5.0	DECLAR							—								ER	IN	ST	TU	JTI	ON	S									
Do you have any other commitments or loans with any institution/(s). Yes No If yes, please give details:-																															
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SN.	Lending	Instit	utio	n		Purpose of Loan			Original Loan Amount (Rs)				Term (Months)				Arrears as at (Rs)					Loan Bala									
1											•									•											
2																												<u> </u>			
3																												—			
	Pagging for arroars:																														
	Reasons for arrears: 6.0 EMAILING OF STATEMENTS OF ACCOUNT (LOANEE & GUARANTORS)																														
6.0	ler to improve C																		ctot	omo	nte s	zio.	ome	.;1							
	l Address of:	ustom		IVIC	C, IVI.	C.S.	Muu	iai r	AIU I	155	ociati	OII L	au i	is pro	розп	ng t	io si	JIIU	Stai	CITIC	nts '	via	CIII	ш.							
1. Lo	oanee :					Т																					T	\top		\top	T
2. (Guarantor 1:			П		\dagger																				1	\pm		+	\dagger	\dagger
3. (Guarantor 2:					Ŧ																				Ħ	Ħ	\exists	Ť	Ť	\dagger
4. (Guarantor 3:																										Ī				
5. (Guarantor 4:			Ī		T																					T	T	Ī	T	T
6. (Guarantor 5:					Ť	Ì					l	l														Ī	Ť	Ī	Ť	T
7. (Guarantor 6 :																									1	$\overline{}$		\dagger	\pm	\pm
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 all 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.																															
I shall i Mutual and / or	C.S. Mutual Aid As inform the M.C.S. Maid Association Ltd rany of its agents have accordingly.	Mutual A	Aid Ass n no wa	sociat ay be	tion Lt	d proi	mptly for an	in ca y of t	se of he co	any iseq	error o	r if I if I fa	beco ail to	ome a	ware the	hat n such	ny e	-mail nts.	acc I uno	ount l lertak	nas b e to l	een old	comp the N	prom M.C.	ised i	n any tual A	way Aid A	. The	atior	n Ltd	
	esent authorization	n shall	remai	n va	lid un				catio	n b	y me.										-~-							_			
SN 1	LOANEI	Ξ		—			NAM	E										-		S	IGN	AT	URI	E		\vdash	—	DA	TE		

SN		NAME	SIGNATURE	DATE
1	LOANEE			
2	GUARANTOR 1			
3	GUARANTOR 2			
4	GUARANTOR 3			
5	GUARANTOR 4			
6	GUARANTOR 5			
7	GUARANTOR 6			

7.0 \ADDITIONAL UNDERTAKING FOR THE FOLLOWING DEPARTMENTS

SN.	NAMES OF DEPARTMENT	SN.	NAMES OF DEPARTMENT
1	Private Secondary School Authority (PSSA)	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 (NFF)		

OFFICE USE										
Maker	Name:	Signature:	Date							
Checker	Name:	Signature:	Date							

LOAN DEDUCTION AUTHORITY FORM (LDAF) BY LOANEE / GUARANTOR (S) - PENSION PAYABLE BY ACCOUNTANT GENERAL / SICOM LTD <u>Applicant Part</u>

															Date :	[/]	/	
The A	ccountai	nt																
							,											
Dear S	Sir,																	
RE:															K LEAVE / PASS Γ BENEFITS	SAGE B	ENEFITS,	
This is 1																havi	ng contracted	d loan
of		Rupees		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(in		•••••		vords									
gratuit		ı lieu of	sick	leave	/ pa	ıssag	e ber	nefits	/ refu	und (of per	ısion	conti		SICOM Ltd * to oution and other			
												and	other	re	tirement benefits	shall be	e paid to me	after
	ng loan ba																	
			this in	struct	ion w	ithou	t the	writte	en con	isent	of the	M.C	C.S. Mu	utı	ual Aid Association	n Ltd.		
Yours	faithfully	' ,																
Signat	ure:								N	Vamo	e :							
NID:					Ι									1				
GUAR	ANTOR	/S PAR	Т –	(1	not ap	plice	able j	for M	utual	Aid	Quick	, Spe	ecial F	Pei	rsonal and Emen	gency L	oans)	
jointly balance Genera contrib	and in some which in the solid section and the solid section section and the solid section sec	olido to nay be I Ltd * I other i	the M due in to dec retiren	I.C.S. n case luct f nent	Mutu e the from r benef	ial A loan my re its an	id As ee fo etirin y am	ssocia ails to g gra ount s	tion I o repo tuity subsec	Ltd fu ay th / cas quent	ull / h ne sai sh in l tly cla	alf / d loc ieu o imed	third an. I of sick by the	/ o n le le	quarter/ one fifth that respect, I a eave / passage be M.C.S. Mutual Aidual Aidual Aidual Associati	/ one size uthorize nefits/ i d Associ	xth of outsta e t he Accou r <mark>efund of pe</mark>	nding ntant
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	Rece	ived by	,		Nan	ne				- <u></u> -		Sign	natur	e		Date		
Lette	r sent to																	
General /SICOM Ltd *				Name								Signature				Date		

LDAF/EDUC LN PM/SB/04.02.19

^{*} To delete where not applicable.