Checker

Name:

M.C.S.	hief Executive Officer, . Mutual Aid Association I Rozemont Square, Port L	,						Date		/
Dear	Sir,									
RE:	REQUEST FOR OF	FSET OF I	EXISTING	LOANS	/ ARI	REARS	8			
I auth	orise the Mutual Aid	Association	Ltd. to offs	set my ex	sting	loans/a	rrears v	vith ins	stitutions (as	per annex)
from	the loan of <b>Rupees</b> (in	words)								
				( <b>Rs</b>			) appl	ied on		
6.0	DECLARATION	FROM B	ORROWI	ER : LO	ANS	WITH	І ОТН	ER IN	NSTITUTI	ONS
Do yo	u have any other commi	No No	¬ `	institution , please gi		nils:-				
SN.	Lending Institution	Purpose	Original Lo		rm	Arre	ars as at	Loa	n Balance as	To Offset
1	Lending institution	of Loan	Amount (R	s) (Mo	nths)	•••••	(Rs)	af	t (Rs)	(Rs)
2										
3										
4										
I shall b	r to improve Customer Servic pe grateful if you will send all	e, Mutual Aid i		end stateme	nts via e	mail.			ail address speci	fied below:
E-mai										
I hereby limited t and thus I shall be The Mut I shall in Mutual A I underta whatsoev	declare that I am perfectly awa o, documents being sent to imper exposing my statements to third e responsible for updating my e-rated Aid shall not be responsible afform the Mutual Aid Association Aid Association shall in no way bake to hold the Mutual Aid Association were against the aforesaid parties.	ersonated e-mail a parties and I agreenail address detail for any of the con- n promptly in castor responsible for occiation and / or I hereby waive and	addresses and / or the to bear all the colls with the Mutual sequences in the collection of the consecutive	wrong recipionsequences to a laid Associate event I fail or a light fail fail harmless in the tight have according to the second and the seco	ents, ema hereof. tion as an delay in u ware that I to notify he execu	il accounts id when ne updating m my e-mail y it of such	cessary. y e-mail action to account he events.	ked, or at ldress who as been co	en so requested.	er viruses y way. The
Name	of Customer :				S	Signatur	e of Cus	tomer :		
NID. N	Vo. :					Date :				
8.0	SN. NAM 1 Private Secondar 2 Mauritius Teleco 3 Mauritius Ports 4 4 State Informatics	Authority (MPA)	FT SN (PSSA) 7 8 9	Small and Pensioners Pensioners Cotton Ba	Medium E s Sicom s (Loans B	NAMES Enterprises I	Oevelopment ore Than One	MENT Authority	(SMEDA)	
	6 National Empow	erment Foundation		ICE HEE						
Maker	· Name:			ICE USE ature:				Date		

Date

Signature:

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

Date:...../....../......

Yours faithfully,  Signature:		Name:  DFFICE USE		
Yours faithfully,		Name:		
Yours faithfully,  Signature:		Name:		
Yours faithfully,		Name:		
I undertake not to revoke				
	this instruction without the	e written consent of the	M.C.S. Mutual Aid A	Association Ltd.
after deducting loan balan	nces from the M.C.S. Mutu	al Aid Association Ltd		
I also agree that gratuity	/ cash in lieu of sick leave	/ passage benefits and	l other retirement bene	efits shall be paid to me
by the M.C.S. Mutual Aid	1 Association Ltd.			
benefits / refund of pen	sion contribution and oth	er retirement benefit	s, any amount which i	s subsequently claimed
Accountant General/SI	COM Ltd * to deduct fr	om <b>my retiring grat</b>	uity, cash in lieu of	sick leave / passage
No	) from	the M.C.S. Mutual A	id Association Ltd do	hereby authorise The
			( <b>Rs</b>	) (Loan
contracted loan of l	Rupees (in words)			
This is to inform you th	at I, Mr /Mrs /Miss *			having
	OM RETIRING GRATUIT NSION CONTRIBUTION A			AGE BENEFITS,
Dear Sir,				
<b>D</b> 01				
		,		

Name

Date

Letter sent to Accountant General /SICOM Ltd \* Signature

<sup>\*</sup> To delete where not applicable.