

The Chief Executive Officer,
M.C.S. Mutual Aid Association Ltd.,
5, Guy Rozemont Square, Port Louis.

Dear Sir,

RE : REQUEST FOR OFFSET OF EXISTING LOANS / ARREARS

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 **Rupees** (in words) (Rs.....) applied on

5.0 DECLARATION FROM BORROWER : LOANS WITH OTHER INSTITUTIONS

Do you have any other commitments or loans with any institution/(s).
 Yes No If yes, please give details:-

SN.	Lending Institution	Purpose of Loan	Original Loan Amount (Rs)	Term (Months)	Arrears as at (Rs)	Loan Balance as at (Rs)	To Offset (Rs)
1							
2							
3							
4							

Reasons for arrears :

6.0 EMAILING OF STATEMENTS OF ACCOUNT (LOANEE)

In order to improve Customer Service, M.C.S. Mutual Aid Association Ltd is proposing to send statements via email.
Email Address of :

1. Loanee :

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.

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 written revocation by me.

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 (NEF)		

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

8.0

**LOAN DEDUCTION AUTHORITY FORM (LDAF)
BY LOANEE - PENSION PAYABLE
BY ACCOUNTANT GENERAL / SICOM LTD
Applicant Part**

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

The Accountant

.....,
.....
.....

Dear Sir,

**RE : DEDUCTION FROM RETIRING GRATUITY, CASH IN LIEU OF SICK LEAVE / PASSAGE BENEFITS,
REFUND OF PENSION CONTRIBUTION AND OTHER RETIREMENT BENEFITS**

This is to inform you that **I, Mr /Mrs /Miss ***
having contracted loan of **Rupees** (in words)
.....(**Rs.**.....) (Loan
No.....) from the M.C.S. Mutual Aid Association Ltd 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.

Yours faithfully,

Signature: **Name:**.....

NID:

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OFFICE USE			
Received by	Name	Signature	Date
Letter sent to Accountant General /SICOM Ltd *	Name	Signature	Date

* To delete where not applicable.