

THE MAURITIUS CIVIL SERVICE MUTUAL AID ASSOCIATION LTD.

Business Registration Number: C10000071

PAYMENT FORM FOR DEPOSITORS

NATURE OF TRANSACTION : FIXED / FLEXI DEPOSIT

1.0

Date :

Customer Name **MR / MRS / MISS**.....

NIC No. :

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Department : CIF :

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Occupation :

Mode of Payment tick as Appropriate: Cash Cheque Card

Reason for Cash Payment (*if applicable*) :

Amount in figures : Rs.....

Amount in words:

.....

If Cheque, provide details: Cheque No. Rs.....

& Bank Name:.....

2.0 PAYMENT BY THIRD PARTY

Name of third party																
Relationship with client:																
Reason for payment by 3 rd party	Client overseas <input type="checkbox"/> Client is physically unfit <input type="checkbox"/>															
	Client not free <input type="checkbox"/> Others:(Please specify)															
	Additional reason for payment by third party															
NIC No. (To attach copy of NIC).	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>															
Authorisation letter from applicant (<i>if any</i>).																
Signature of third party: Date :																

3.0 SOURCE OF FUNDS - AS PER THE FINANCIAL INTELLIGENCE AND ANTI-MONEY LAUNDERING ACT 2002.

I, Mr, Mrs, Miss (*delete as appropriate*) hereby certify that the source of funds is from:

1	Savings: <input type="checkbox"/>	4	Tuition income : <input type="checkbox"/>
2	Salary : <input type="checkbox"/>	5	Sale of Property : Car <input type="checkbox"/> Land <input type="checkbox"/> Other
3	Trade/ business : <input type="checkbox"/>	6	Any other source (<i>specify</i>) :.....

I further certify that, it does not directly or indirectly originate from or is not in any way, whatsoever, connected with any illicit economic activity. Made in good faith and full awareness of the consequence of my statement under any Anti-Money Laundering Legislation in force in the Republic of Mauritius.

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For transactions above or equal to Rs75,000, evidence / proof of source of fund needs to be submitted.

SIGNATURE OF CUSTOMER / THIRD PARTY : DATE :/...../.....

4.0 OFFICE USE

FIXED DEPOSIT SECTION	
Is customer / third party a 'PEP'?	YES : <input type="checkbox"/> NO : <input type="checkbox"/>
Black list checked (Customer /third party) :	YES : <input type="checkbox"/> NO : <input type="checkbox"/>
Risk category of customer :	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Existing Customer : <input type="checkbox"/>	
UNSC check for <u>Customer</u> (<i>please tick</i>) <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> FALSE POSITIVE	
UNSC check for <u>Third Party</u> (<i>please tick</i>) <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> FALSE POSITIVE	
Name:..... Post :	
Signature: Date:.....	
<u>PEP Transaction authorized by (Senior Management)</u>	
Name :Signature: Date:...../...../.....	

CASH OFFICE (POSTING BY)	MAKER	CHECKER	REVIEWED BY MANAGER (L & D)	EXAMINER
Name				
Post				
Signature				
Date				