



**THE MAURITIUS CIVIL SERVICE MUTUAL AID ASSOCIATION LTD.**

***CRS - Individual Self -Certification Form***

Please complete Parts 1– 3 in BLOCK CAPITALS

**Part 1 - Identification of Individual Account Holder**

**A. Name of Account Holder:**

Surname : \_\_\_\_\_

Title: Mr  Mrs  Ms  Miss  Other

First name(s) : \_\_\_\_\_

Surname at Birth : \_\_\_\_\_

NID No. : 

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**B. Current Residence Address:**

**Line 1** House/Apt/Suite Name, Number, Street : \_\_\_\_\_

**Line 2** Town/City Province/County/State : \_\_\_\_\_

Country : \_\_\_\_\_ Postal Code / ZIP code: \_\_\_\_\_

**C. Mailing Address: (please only complete if different from the address shown in Section B above)**

**Line 1** House/Apt/Suite Name, Number, Street: \_\_\_\_\_

**Line 2** Town/City Province/County/State : \_\_\_\_\_

Country : \_\_\_\_\_ Postal Code / ZIP code: \_\_\_\_\_

**D. Date of birth** : 

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 DD / MM / YYYY

**E. Place of birth**

Town or City of Birth : \_\_\_\_\_

Country of Birth: \_\_\_\_\_

**Part 2 - Country of Residence for Tax Purposes and related Taxpayer Identification Number (TIN)**

Please complete the following table indicating: (i) where you are a tax resident;  
(ii) your TIN for each country indicated.

If you are a tax resident in more than three countries please use a separate sheet

If a TIN is unavailable please provide the appropriate reason **A, B** or **C**:

**Reason A** The country where you are liable to pay tax does not issue TINs to its residents

**Reason B** You are otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

**Reason C** No TIN is required. (Note: Only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed)



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	Country of tax residence	TIN	If no TIN available enter Reason A, B or C
1			
2			
3			

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

1	
2	
3	

### Part 3 - Declarations and Signature

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which I may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates.

I certify that where I have provided information regarding any other person (such as a Controlling Person or other Reportable Person to which this form relates) that I will, within **15 days** of signing this form, notify those persons that I have provided such information to the Mauritius Civil Service Mutual Aid Association Ltd and that such information may be provided to the tax authorities of the country in which the account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the person may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

**I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.**

I undertake to advise the Mauritius Civil Service Mutual Aid Association within **15 days** of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide the Mauritius Civil Service Mutual Aid Association Ltd with a suitably updated Self-Certification Form within **30 days** of such change in circumstances.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** *If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.*

CAPACITY :

*For more information, please read the Information Sheet on CRS which is available on the Mutual Aid website : [www.mcsmutualaid.mu](http://www.mcsmutualaid.mu)*

### OFFICE USE

**The data as per documents provided by customer are the same as information provided in this Form:**

	NAME	SIGNATURE	DATE
<b>MAKER</b>			
<b>CHECKER</b>			