



B R N : C10000071

FIXED DEPOSIT APPLICATION FORM – (INDIVIDUAL)

Ref : FDI / 22.11.23

Term Deposit No. :

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I/We, Mr /Mrs/Miss.....
.....

(beneficial owner(s)) offer to invest with **The Mauritius Civil Service Mutual Aid Association Ltd (The Mutual Aid)** in accordance with the special conditions of the deposit as laid down below, a sum of (Rs.....) Rupees for months at **the Association’s interest rate of% p.a which rate is tagged to the Repo rate which is presently at 4.50%.** The interest is payable monthly , quarterly , half yearly yearly , maturity . **The Association shall automatically adjust its rate in case of any change in the above Repo rate.** Such adjustment shall take effect on the **next working day following** change in the Repo rate.

Bank Name : Bank Branch:

Bank A/c No. :

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Source of Funds : (Proof to be annexed).

Source of wealth : (applicable for high profile customer).

Relationship with Joint Holder (Please tick if applicable):(1)Spouse ___ (2) Child ___ (3) Father ___ (4) Mother ___

I am / we are fully aware of Section 52A of the Bank of Mauritius Act, whereby I/we authorize that ‘Know Your Customer’ (KYC) records be submitted to the KYC Registry of the Bank of Mauritius.

I am /we are fully aware of the provisions applicable under the Data Protection Act. I / we consent that you use, update and process the data and keep the details given to you in a database. The purpose of data collection is to process the deposit. It is mandatory to provide data, else Mauritius Civil Service Mutual Aid Association Ltd (MCSMAA) will not process the deposit. Once the application has been processed, all data will be destroyed as per legal requirements. (delete as appropriate).

I am / am not subject to any freezing order (delete as appropriate). We are / are not subject to any freezing orders (delete as appropriate).

I/We undertake to inform immediately in writing the MCSMAA in case of any changes in the personal data provided above.

I am fully aware that providing any false or misleading information to MCSMAA Ltd in connection with my customer due diligence requirements, I shall commit an offence under section 17(C)(6) of the Financial Intelligence and Anti-Money Laundering Act 2002 and shall be liable to a fine not exceeding MUR 500,000 and to imprisonment for a term not exceeding 5 years.

I/we agree to the Mauritius Civil Service Mutual Aid Association Ltd sending me sms/Text Messages regarding my Fixed Deposit accounts on my mobile phone number.

- 1. First Applicant : Signature Date :/...../.....
- 2. Second Applicant : Signature Date :/...../.....

First Applicant

Office Use : Cd

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Surname (Mr/Miss/Mrs):.....

First Name :..... Surname at Birth (if applicable) :.....

Place of Birth :..... Marital Status : Single Married Divorced Others

Address:

Email : Employer

NIC. No.:

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 Monthly Income: Rs.....

Salary received by bank transfer : Yes No (If No, please specify))

Occupation

Tick as appropriate : Public Sector Pensioner Others

Telephone No. : Office Home Mobile.....

Did you derive net income exceeding Rs15m during any financial year or own assets above Rs50m (including assets owned by spouse and dependent children)? Yes No

Are you a Mauritian non-resident? Yes ___ No ___ Do you pay tax outside of Mauritius? Yes ___ No ___
 If Yes to either of these questions, please fill in the CRS form as appropriate. (CRS – Individual Self-Certification Form).

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

Second Applicant

Office Use : Cd:

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Surname (Mr/Miss/Mrs):.....

First Name :..... Surname at Birth (if applicable) :.....

Place of Birth :..... Marital Status : Single Married Divorced Others

Address:

Email : Employer

NIC. No.:

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 Monthly Income: Rs.....

Salary received by bank transfer : Yes No (If No, please specify))

Occupation

Tick as appropriate : Public Sector Pensioner Others

Telephone No. : Office Home Mobile.....

Did you derive net income exceeding Rs15m during any financial year or own assets above Rs50m (including assets owned by spouse and dependent children)? Yes No

Are you a Mauritian non-resident? Yes ___ No ___ Do you pay tax outside of Mauritius? Yes ___ No ___
 If Yes to either of these questions, please fill in the CRS form as appropriate. (CRS – Individual Self-Certification Form).

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

CONDITIONS:

- (a) Interest payable on Fixed Deposit is calculated as at the last day of the month and sent to bank on the next working day. Quarterly, half-yearly and yearly interest payment frequencies fall due on respective calendar periods.
- (b) Encashment prior to the maturity date shall be at the discretion of the Mutual Aid and will be subject to such terms and conditions as may be set by the Mutual Aid in its sole discretion including the charging of a fee.
- (c) The Mutual Aid Association may consider a **total or part refund (maximum 4) at short notice before the date of maturity** and without any charge, provided the depositor gives one month notice. Failing such notice, one month interest will be charged by the Mutual Aid Association. Furthermore, the interest already paid or accrued on the total amount will be recomputed on the basis of the rate applicable for the shorter term for which the amount has in effect been deposited. Please note that 1% processing fee will be charged as from 2nd part refund and other consequent refund. No refund will be effected in the absence of the original Fixed Deposit certificate.
- (d) The Mutual Aid Association shall adjust its rate in case of any change in the Repo rate as per conditions laid down in the Fixed Deposit Application Form.
- (e) *In the absence of fixed deposit renewal reply, the fixed deposit **will** be renewed automatically for 12 months on maturity. However, as per section 59 of the Banking Act, after 7 consecutive automatic renewals, the deposit will be considered as abandoned fund and will be transferred to the Bank of Mauritius.*
- (f) Upon renewal, please bring recent utility bill (not more than 3 months) in case of changes in address. Also, please inform the Mutual Aid **immediately** in case of changes in personal data e.g name, address, occupation.
- (g) The Mutual Aid accepts deposits (Single or Joint) from Mauritian Citizens only as per its internal policy.
- (h) No Fixed Deposits will be created unless the Application Form duly filled in, with all required documents, are submitted to the Mutual Aid.
- (i) Before effecting bank transfer, depositors must submit all required documents to the Mutual Aid.
- (j) The Association reserves the right to limit the number of part refund.
- (k) Fixed deposit account can be either Single or Joint.
- Implications :** (a) **Single** - On death of depositor, refund will be made to succession account
 (i) **Joint** - “**or**” basis - Anyone of the depositors can give instruction(s). On death of one party, refund goes to survivor(s).
 (ii) **Joint** - “**and**” basis -All depositors must give instruction(s). On death of one party, refund is shared equally between survivor(s) and succession.
- (l) In case of a fixed deposit application by a pensioner aged 60 and above, as the main party, jointly with one or more persons, the pensioner rate of interest will apply provided interest is credited in the account of the main party.
- (m) For fixed deposits of **Rs300,000 and below**, interest will be paid **yearly** or at **maturity** only.
 1. Minimum amount of fixed deposit - Rs10,000 - Members
 2. Minimum amount of fixed deposit - Rs50,000 - Non-members

Please bring an Office cheque drawn in the name of : “ M. C. S. Mutual Aid Association Ltd.” or make a bank transfer to account number 610 301 0000 2233 at SBM Ltd, or account number 000 010 704 647 at MCB Ltd.

- Notes:** 1. Personal cheques are not accepted.
 2. For payment by Cash / Office cheques after closure of Cash Office (13.30 hrs), the deposits will be effective on the next working day.

OFFICE USE

SN	ORIGINAL AND PHOTOCOPY OF DOCUMENTS REQUIRED FOR EACH DEPOSITOR	APPLICATION ACKNOWLEDGEMENT (✓/X/NA)	CHECKER (✓/X/NA)	EXAMINER (✓/X/NA)
1	National Identity Card and Birth Certificates of applicant and joint applicants. Online Birth Certificate is acceptable.			
2	CEB or CWA or Telephone Bill or Bank statement (not more than 3 months) of applicant and joint applicants. <i>(If utility bill is not in name of applicant)</i> , a written confirmation should be submitted from the utility bill account holder).			
3	Bank document showing bank account number and name of applicant.			
4	Documentary evidence relating to source of funds (e.g for savings, please bring bank statement)			
5	For payment by office cheque / cash – please fill in Payment Form. For payment by bank transfer, proof of transfer to be submitted.			
6	Additional documents in case accounts are opened by professional intermediary (a) KYC documents of the professional intermediary; (b) (i) undertaking from the professional intermediary that it has verified the identity of its clients; (ii) particulars of the identity of its clients			
7	Completed Emailing of Statement of Accounts Form.			
	NAME (Maker /Checker/ Examiner).			
	SIGNATURE (Maker /Checker/ Examiner).			
	POST (Maker /Checker/ Examiner).			

Risk Category of Customer : Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> <i>(please tick)</i>				
	NAME	POST	SIGNATURE	DATE
MAKER				
CHECKER				
High Risk Customer/s authorized by (Senior Management)				

EDITING OF DATA	Name: <input type="checkbox"/>	Address: <input type="checkbox"/>	Bank details: <input type="checkbox"/>	Email: <input type="checkbox"/> Tel. / Mobile No.: <input type="checkbox"/>	Status: <input type="checkbox"/>
MAKER	Name :		Post :	Signature:	Date:
CHECKER	Name :		Post :	Signature:	Date:

IS CUSTOMER A PEP?	First Applicant		Second Applicant		NAME	POST	SIGNATURE	DATE
	YES	NO	YES	NO				
MAKER								
CHECKER								
PEP Transaction authorized by (Senior Management)								

IS CUSTOMER A 'HNWI'?	First Applicant		Second Applicant		NAME	POST	SIGNATURE	DATE
	YES	NO	YES	NO				
MAKER								
CHECKER								
'HNWI' Transaction authorized by (Senior Management)								

UNSC check for 1st Applicant (please tick) <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> FALSE POSITIVE	NAME	POST	SIGNATURE	DATE
UNSC check for 2nd Applicant (please tick) <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> FALSE POSITIVE				

		Maker	Date	Checker	Date	Examiner	Date
RECEIVED BY	Name						
	Post						
	Signature						
FD INPUT	Name						
	Post						
	Signature						

Reviewed by: SOO	Signature:.....	Date:...../...../.....
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APPROVED BY MANAGER (LOANS & DEPOSITS)	NAME	SIGNATURE	DATE

