

 B R N : C10000071	<b>FIXED DEPOSIT APPLICATION FORM – (INDIVIDUAL)</b>		Ref : FDI / 13.08.25																														
	Fixed Deposit No.:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																															
<input type="checkbox"/> Member		<input type="checkbox"/> Non Member																															

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

(beneficial owner(s)) offer to invest with **The Mauritius Civil Service Mutual Aid Association Ltd (The Association)** 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 Key rate which is presently at 4.50%.** The interest is payable monthly , qu<sup>erly</sup> , ha<sup>yearly</sup> , yearl<sup>y</sup> . **The Association shall automatically adjust its rate in case of any change in the above Key rate.**

Such adjustment shall take effect on the **next working day following** change in the key rate.

My bank details are as follows:

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 and my/our account information, other than the balance and amount held therein, be submitted to the 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 (The Association) will not process the Application. 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 the Association immediately in writing of any changes in the personal data provided above.

I am /we are fully aware that providing any false or misleading information to the Association 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 – CIF

FDI / 13.08.25

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

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

Place of Birth :..... Marital Status (Please tick):  Single  Married  Divorced  Widow  Widower

Address: .....

Email : ..... Employer .....

NIC. No.: ..... Monthly Income: Rs.....

Pension / 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).

In accordance with the prevailing regulations, please be informed that if you are classified as a non-resident, the Association is required to report information relating to your accounts to the Mauritius Revenue Authority (MRA) under the Common Reporting Standard (CRS) framework. For further guidance, please refer to Chapter 6 of the CRS Guidance Notes available on the MRA’s official Website.

Are you a politically exposed person (PEP) or related to one?  Yes  No

CLIMATE RELATED AND ENVIRONMENTAL ASSESSMENTS

1. Is your income source dependent on climate-sensitive sector(s)?  Yes  No

If yes, please select the relevant sector(s):  Agriculture  Energy  Water Supply  Forestry  Transportation  Tourism others (please specify).....

2. Has your property been affected by any of the following climate-related events in the past 5 years?  Yes  No

If yes, please specify:

Table with 10 rows and 4 columns listing climate-related events like Flooding during heavy rains, Flash floods, Coastal flooding/high waves, Landslides, Strong cyclone impacts, Rise in sea level, River overflow, Water accumulation, Soil erosion, and Other.

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

Second Applicant

OFFICE USE – CIF

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

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

Place of Birth :..... Marital Status (Please tick):  Single  Married  Divorced  Widow  Widower

Address: .....

Email : ..... Employer .....

NIC. No.: ..... Monthly Income: Rs.....

Pension / 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).

In accordance with the prevailing regulations, please be informed that if you are classified as a non-resident, the Association is required to report information relating to your accounts to the Mauritius Revenue Authority (MRA) under the Common Reporting Standard (CRS) framework. For further guidance, please refer to Chapter 6 of the CRS Guidance Notes available on the MRA’s official Website.

Are you a politically exposed person (PEP) or related to one?  Yes  No

CLIMATE RELATED AND ENVIRONMENTAL ASSESSMENTS

1. Is your income source dependent on climate-sensitive sector(s)?  Yes  No

If yes, please select the relevant sector(s):  Agriculture  Energy  Water Supply  Forestry  Transportation  Tourism others (please specify).....

2. Has your property been affected by any of the following climate-related events in the past 5 years?  Yes  No

If yes, please specify:

Table with 10 rows and 4 columns listing climate-related events like Flooding during heavy rains, Flash floods, Coastal flooding/high waves, Landslides, Strong cyclone impacts, Rise in sea level, River overflow, Water accumulation, Soil erosion, and Other.

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

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**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 Association and will be subject to such terms and conditions as may be set by the Association in its sole discretion including the charging of a fee.
- (c) The 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 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 2<sup>nd</sup> part refund and other consequent refund. No refund will be effected in the absence of the original Fixed Deposit certificate.  
The Association reserves the right to seek the consent and signature of the first applicant if a refund request is triggered by 2<sup>nd</sup> and subsequent applicant/s.
- (d) The Association shall adjust its interest rate in case of any change in the key rate as per conditions stipulated 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 same frequency. 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, updated utility bill of not more than 3 months should be submitted. Also, please inform the Association **immediately** in case of changes in personal data e.g name, address, occupation.
- (g) The Association accepts fixed deposits (Single or Joint) from Mauritian Citizens **only**.
- (h) No Fixed Deposit will be created unless the Application Form duly filled in and signed with all required documents are submitted to the Association.
- (i) Before effecting any bank transfer, required documents must be submitted to the Association.
- (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 applicants can give instruction(s). On death of one party, refund goes to survivor(s).  
(ii) **Joint** - "**and**" basis -All applicants must give instruction(s). On death of one party, refund is shared equally between survivor(s) and succession.
- (l) For fixed deposits of **Rs300,000 and below**, interest will be paid on a **yearly** basis 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 effect 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)
1	National Identity Card and <b>Birth Certificates</b> of applicant and joint applicants. Online Birth Certificate is acceptable.		
2	Recent 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), a written confirmation should be submitted from the utility bill account holder).</i>		
3	Bank document showing bank account number and name of applicant.		
4	<b>Documentary evidence relating to source of funds</b> (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).		
	SIGNATURE (Maker /Checker).		

**OFFICE USE**

FDI / 13.08.25

**1<sup>st</sup> Applicant**

UNSC check (please tick): Positive  Negative  False Positive  Existing customer   
(Automatic screening)

'PEP' (please tick): Yes  No

'HNWI' (please tick): Yes  No

Risk Category (please tick) : Low  Medium  High

CLIMATE RELATED AND ENVIRONMENTAL ASSESSMENT - Climate Risk Score :  1  2  3  
 - Climate Risk Rating :  Low  Medium  high

Reason for high risk :.....

**2<sup>nd</sup> Applicant**

UNSC check (please tick): Positive  Negative  False Positive  Existing customer   
(Automatic screening)

'PEP' (please tick): Yes  No

'HNWI' (please tick): Yes  No

Risk Category (please tick) : Low  Medium  High

CLIMATE RELATED AND ENVIRONMENTAL ASSESSMENT - Climate Risk Score :  1  2  3  
 - Climate Risk Rating :  Low  Medium  high

Reason for high risk :.....

**3<sup>rd</sup> Applicant**

UNSC check (please tick): Positive  Negative  False Positive  Existing customer   
(Automatic screening)

'PEP' (please tick): Yes  No

'HNWI' (please tick): Yes  No

Risk Category (please tick) : Low  Medium  High

CLIMATE RELATED AND ENVIRONMENTAL ASSESSMENT - Climate Risk Score :  1  2  3  
 - Climate Risk Rating :  Low  Medium  high

Reason for high risk :.....

**4<sup>th</sup> Applicant**

UNSC check (please tick): Positive  Negative  False Positive  Existing customer   
(Automatic screening)

'PEP' (please tick): Yes  No

'HNWI' (please tick): Yes  No

Risk Category (please tick) : Low  Medium  High

CLIMATE RELATED AND ENVIRONMENTAL ASSESSMENT - Climate Risk Score :  1  2  3  
 - Climate Risk Rating :  Low  Medium  high

Reason for high risk :.....

Maker (Name):..... Post:..... Signature:..... Date:.....

Checker (Name):..... Post:..... Signature:..... Date:.....

Name (SOO):..... Signature:..... Date: ...../...../.....

PEP / HNWI / CLIMATE RELATED AND ENVIRONMENTAL ASSESSMENT / HIGH RISK APPLICANT(S) TRANSACTION AUTHORIZED BY SENIOR MANAGEMENT

Name:..... Post:..... Signature:..... Date:.....

<b>EDITING OF DATA</b>	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"/>
<b>MAKER</b>	Name :		Post :	Signature:		Date:
<b>CHECKER</b>	Name :		Post :	Signature:		Date:

		Maker	Date	Checker	Date
RECEIVED BY	Name				
	Post				
	Signature				
FD INPUT	Name				
	Post				
	Signature				
Reviewed by: SOO			Signature:.....		

<b>APPROVED BY MANAGER (LOANS &amp; DEPOSITS)</b>	<b>NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>

GC/SB/02.06.25