B R N : C10000071	Term Deposit	No.:																	
	Mrs/Miss																		
	owner(s)) of																		
(The Mut	ual Aid) in ac	corda	nce	with	the s	speci	al co	nditi	ions	of th	e de	posit	t as !	laid	l dov	wn b	elow	, a s	um of
(Rs) Ru	pees												••••				
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Key rate v	which is pres	ently	at 4	.50%	o. Th	ne in	teres	t is p	ayab	le m	ontl	nly [Д, д	uar	terly	у 🖂	, hal	lf yea	arly 🖵
yearly \square	. The Assoc	iation	sha	ll au	tom	atica	ally a	adju	st its	rat	e in	case	e of	an	y ch	ange	e in	the a	above
Key rate.	Such adjust	ment	shall	take	e eff	ect c	n th	e ne :	xt w	orki	ng d	lay 1	follo	wi	ng c	hang	ge in	the	Repo
rate.																			
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Bank A/c N	(o. :																		
	f Funds : e annexed).			• • • • • •	••••		•••••	••••		••••	••••		• • • • •		••••	••••	• • • • •	••••	•••••
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I/We unde data provid	rtake to infor led above.	m imı	nedi	ately	in v	vritii	ng th	e Mo	CSM	AA	in c	ase o	of ar	ıy c	han	ges i	in th	e pei	rsonal
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_	to the Mauri ny Fixed Dep											sen	ding	g m	e sm	ıs/Te	ext M	1 essa	iges
1. Fir	st Applicant	: Sig	gnatu	ıre									Dat	e:		/	/.		
2. Sec	cond Applicar	nt : Sie	อทุลท	ıre									Dat	е.		/	/.		

FIXED DEPOSIT APPLICATION FORM – (INDIVIDUAL)

Ref : FDI / 24.04.25

First Applicant				Offic	ce Use	:			C	d									
Surname (Mr/Miss/Mrs):																			
Surname (Mr/Miss/Mrs): First Name :																			
Place of Birth:			г	-	Single	7 [1arrie	\neg			orced	1						
Address:					•	L			╛┖							J			
Email:																			
NIC. No.:	Τ	T		·····	·····	 T	Τ	·······	Τ		-	•							
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Pension / Salary received by ban							О	_		-			-	•)
Occupation			• • • • • • • • •		1			 ¬	••••	• • • • •		1			• • • • •	• • • •			•
Tick as appropriate : Public	Sec	tor			Pen	nsio	ner	┙				<u> </u> C	<u>Other</u>	S					
Telephone No.: Office				Hom	ne						M	lobi	ile					<u></u>	
Did you derive net income exceeding Rs15m dur			cial year or	own asset							Г					dren)?	7	/es	No
Are you a Mauritian non-resident? Yes		No] .	(GD G				outside			ıs?		Yes		No				
If Yes to either of these questions, please fill in the CLIMATE RELATED AND ENVIRON					- Individ	auai S	elf-Ce	rtificatio	on Foi	rm).									
1. Is your income source dependent of					s)?	Y	res .		N	О									
If yes, please select the relevant sector(s):		Agricu	lture			Er	nergy			W	/ater	Suppl	y				Fores	stry
				ortation				ourism				thers	s (pleas	e specif	fy)				
2. Has your property been affected by at If yes, please specify:	ny of	the fo	ollowing	climate	-related	d eve	ents ii	n the p	ast :	5 yea	ars?		Y	es		No			
1 Flooding during heavy rains	5		Strong cyc						9				il erosi						
2 Flash floods 3 Coastal flooding/high waves	6 7	-	Rise in sea River over	,	coastal a	ireas)			1	10	Ц	Oti	her (pl	ease sp	ecify):	:			
4 Landslides	8		Water accu	ımulation	due to po	or dra	inage												
Signature: Date :/																			
Signature:	•••••	• • • • • • •				• • • • •	• • • • •		• • • •				•••••	••••		• • • • • •	./ ••••	•••••	•••••
Second Applicant					fice Us					d:			<u></u>				./	·······	
				Off	fice Us	se:			С	d:									
Surname (Mr/Miss/Mrs):				Off	fice Us	se:			C	d:			<u> </u>						
Surname (Mr/Miss/Mrs): First Name :				Off	fice Us	se :		Surn	C	d: 		 h (<i>ij</i>	<u> </u>	 olica		······ :			
Surname (Mr/Miss/Mrs): First Name :		1	Marital	Off	fice Us	se :	S	Surn Single	ame	d:	Birt	 h (<i>ij</i>	<u> </u>	 olica	ble)	······ :			
Surname (Mr/Miss/Mrs): First Name :		I	Marital	Off Status (fice Us	se :	s	Surn	ame	d:	Birtl	 h (<i>ij</i>	f app	Divo	ble)	:	dence to	o be att	rached)
Second Applicant Surname (Mr/Miss/Mrs): First Name : Place of Birth : Address: Email :		I	Marital	Off Status (fice Us	se :	s	Surn	ame	d:	Birtl Marrie	h (ij	f app	Divo	ble)	:	dence to	o be att	ached)
Second Applicant Surname (Mr/Miss/Mrs): First Name : Place of Birth : Address: Email : NIC. No.:		1	Marital	Off Status (fice Us	se :	S	Surn	ame	d: e at l N En	Birtl Marrie	h (ij	f app	Divo	ble) orced	:] (evid	dence to	o be att	ached)
Second Applicant Surname (Mr/Miss/Mrs): First Name : Place of Birth : Address: Email : NIC. No.: Pension / Salary received by ban	k trai	nsfer	Marital	Off Status (Yes	Please tick	se :	s	Surn	ame	d: e at l N En	Birtl Marrie	h (ij	f app	Divo	ble) orced	:] (evid	dence to	o be att	ached)
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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 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.
 - The Association reserves the right to seek the consent of the first applicant if a refund request is triggered by other applicant/s.
- (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 <u>will</u> 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 <u>immediately</u> 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) <u>Joint</u> "<u>or</u>" basis Anyone of the depositors can give instruction(s). On death of one party, refund goes to survivor(s).
 - (ii) <u>Joint</u> "<u>and</u>" 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** 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)
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).		
	SIGNATURE (Maker /Checker).		
	POST (Maker /Checker).		

1st Applicant										
UNSC check (please tick):		Positive		Negati	ve	Fal	se Positive		Existing custo (Automatic screen	
'PEP' (please tick)	:	Yes		No					(Automatic screet	ung)
'HNWI' (please tio	ck):	Yes		No						
Risk Category (ple	ease ticl	k): Low		Mediu	m 🔲	Hig	gh			
2 nd Applicant										
UNSC check (plea	se tick)	: Positive		Negati	ve	Fals	se Positive		Existing custo (Automatic screen	
'PEP' (please tick)	:	Yes		No					,	07
'HNWI' (please tio	ck):	Yes		No						
Risk Category (ple	ease tici	k): Low		Mediu	m 🔲	Hig	gh			
3 rd Applicant										
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'PEP' (please tick)	:	Yes		No					(11momane servenii	*87
'HNWI' (please tio	ck):	Yes		No						
Risk Category (ple	ease ticl	k): Low		Mediu	m \square	Hig	gh			
4th Applicant										
UNSC check (plea	: Positive		Negati	ve	Fals	se Positive		Existing custo		
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FIRST APPLICAN					SE	COND AP	DI ICANT			
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Checker (Name):.	•••••			Post:		Signatı	ıre:	•••••	Date:	•••••
Name (SOO):				Signa	nture:			D	ate:/	/
PEP / HNWI / CLIM										
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MAKER		Name :	-		Post :		Signat	ure:		Date:
CHECKER	Name :			Post :		Signat	ure.		Date:	
CHECKEK		Name.			FOSt.		Signat	ure.		Date.
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APPROVED BY M (LOANS & DEP		ER	197	TIVIE			SIGNA	LUKE		DAIL