

FIXED DEPOSIT CDD FORM

You are kindly requested to fill-in this form to be in line with Section 7.2 of the Bank of Mauritius Guideline on Anti-Money Laundering and Combating the Financing of Terrorism and Proliferation and Section 64B of the Banking Act 2004.

First Applicant	0	Office Use –	- CIF						
Title: Mr/Mrs/Miss	Marital Status: S	ingle	Married [] Divorce	ed 🗌 💮	Others			
Surname :									
First Name :									
Maiden name : (if applicable)			Email :						
Place of Birth									
Address :									
:					· · · · · · · · · · · · · · · · · · ·				
NIC No. :									
Telephone No. :	Н:	M:	5	O:					
Employer :									
Salary received by Bank transfer : Yes \(\scale= \) No \(\scale= \) (If No, Please Specify)									
Occupation :			Monthly	Income : N	//UR				
Source(s) of Income : (e.g. Salary, Savings,)									
Source(s) of Wealth : (Applicable for higher risk situations)									
Beneficial Owner :									
Ultimate Beneficial : Owner									
Tick as appropriate	: Public Sector		Pensio	oner 🗌		Others			
Are you a Mauritian non-resident? Yes No I If Yes to either of these questions, please fill									
Do you pay tax outside of Mauritius? Yes \(\square\) No \(\square\) in the CRS\(^1\) form as appropriate.									
Did you derive net income exceeding MUR 15M during any financial year or own assets above MUR 50M (including assets owned by spouse and dependent children)? Yes No									
I am fully aware that providing any false or misleading information to Mauritius Civil Service Mutual Aid Association Ltd in connection with my Customer Due Diligence ("CDD") requirements, I shall commit an offence under section $17(C)(6)$ of the Financial Intelligence and Anti-Money Laundering Act 2002 and shall, on conviction, be liable to a fine not exceeding MUR 500,000 and to imprisonment for a term not exceeding 5 years.									
				Date:	/	/			
¹ Individual Self-Certification Form- COMMON REPORTING STANDARD									



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Second Applicant		Office Use –	CIF						
Title: Mr/Mrs/Miss	s Marital Status:	: Single 🗌	Married [D	ivorced		Others		
Surname :				•••••					
First Name :									
Maiden name : (if applicable)			Email	:					
Place of Birth									
Address :									
:									
NIC No. :									
Telephone No. :	Н:	M:	5		O: .				
Employer :									
Salary received by Bank transfer : Yes \(\subseteq \text{No} \subseteq \text{No} \subseteq \text{If No, Please Specify} \)									
Occupation :			Monthl	ly Income	: MU	JR			
Source(s) of Income : (e.g. Salary, Savings,)									
Source(s) of Wealth : (Applicable for higher risk situations)									
Beneficial Owner : (Where applicable)									
Ultimate Beneficia Owner	al :		•••••	. (Whe	ere applic	able)			
Tick as appropriate	: Public Sector [Pens	sioner 🗌			Others		
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GC/SB/03.09.20