

THE MUTUAL AID RETIREMENT SAVINGS SCHEME

RSS / AF / 24.04.25

Business Registration No : C1000	00071	RSS	No.:													
RSS APPLICATION FORM																
Surname (Mr / Mrs / Miss):																
First Name :																
Surname at Birth (if appli	icable) :							I	Place	e of	Bir	th :.	• • • • •	· • • • •		
NIC No.																
Pay Site Code*				<u>'</u>												
Address:																
Marital Status : Single .																
Occupation *:																•
Monthly Salary * Rs:																
Source of Funds:									,	U				·	•	
Source of wealth:									=			_		custo	mei	:).
Beneficiary (in case of de [Mandatory : Applicant n														 enef	 îcia	 [ry]
Beneficiary NIC No.:																
(Attach documentary evider	ıce).															
Place of Birth:	• • • • • • • • • •				• • • • •										• • • •	•
Relationship with benefic	iary:			• • • •												•
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.																
Tel. No.(home):																
Email address:								· • • • • •			• • • • •					
Bank:							Bran	ch								
Bank Account No.:																
Did you derive net income exceeding Rs15m during any financial year or own assets above Rs50m (including assets owned by spouse and dependent children)?																
I agree to join the RSS subject to the rules and regulations of the Scheme.																

MODE OF CONTRIBUTION (MINIMUM CONTRIBUTION = RS100)									
I wish to make (Contributor may choose (1) or(2) or both).:									
1. A Lump sum contribution of Rs □ (Cash / Office Cheque). [To fill payment form in case lump sum contribution exceed Rs10,000].									
2. A monthly contribution of Rs									
3. Changes in my monthly contribution from Rs to Rs Effective date:									
SPECIA	L CONE	DITIONS :							
		withdrawal from the Scheme, a penalty will be apper table below:	pplied on both capital and accrued						
	SN	YEARS OF CONTRIBUTION	% PENALTY						
	1	0 ≤ 10	25						
	2	> 10 ≤ 20	15						
	3	> 20 ≤ 30	10						
	4	> 30 ≤ 40	5						
	5	> 40	0						
 Contributions are credited with: Average Savings Rate (ASR) + minimum interest of 2 % p.a above ASR + Bonus as approved by the Board. Should a client retire before the statutory retirement age, proof of retirement should be submitted. A contributor shall be qualified for full lump sum under 'resignation' and 'dismissal' subject to the condition that the contributor has not opted for a new job and/or has not continued contributions to the Scheme. RSS contributor joining the Scheme: (a) On or before September 26, 2012, shall be qualified for full refund without penalty on reaching the age of 60. (b) After September 26, 2012, shall be qualified for full refund without penalty on reaching the statutory retirement age. The Association provides RSS statement of accounts to contributors on request and without charges. The customers can also query the RSS balance via SMS on 8977 (Type: Bal [leave a space] RSS account number). Signature: Date: 									
CATEGO	JKY:	Recognised Institution	☐ Self Employed ☐						
ORIGINA	L AND PHO	OTOCOPY OF DOCUMENTS REQUIRED TO JOIN THE	CRSS: Please tick as appropriate						
1. N	ational Iden	atity Card and Birth Certificates of Applicant and Benefic	ciary 🔲						
Online Birth Certificate is acceptable.									
2. Bank account number									
4. Bank statement showing name and address / Utility Bill (CEB or CWA or Mauritius Telecom) - not more than 3 months. (If utility bill is not in name of applicant, a written									
		and NIC should be secured from the utility bill account he copy of NIC of signatory). <i>E-bills are acceptable</i> .	older and the						
		in (where applicable) E-payslin is acceptable -							

DATA PROTECTION ACT

In accordance with Data Protection Act, the Mauritius Civil Service Mutual Aid Association Ltd (MCSMAA Ltd) will collect, process and file the personal data supplied by you in this form or any other personal data which you will subsequently provide to the MCSMAA Ltd in any manner, for any or all of the following purposes:

- a) The performance of a contract to which you are a party or the implementation of pre-contractual measures you request or require;
- b) The obtaining of authorisation from officers or other employees of the MCSMAA Ltd, when such authorisation is required in order to carry out obligations out of (a) for the purpose of informing such officers or employees of the developments within the MCSMAA Ltd whether such officers or employees are in Mauritius or outside Mauritius;
- c) For the establishing, exercising or defending of any legal claims arising;
- d) To send you information about products and /or services provided by the MCSMAA Ltd. Such information may be sent by mail, text messages, telephone, automated calling machine, facsimile machine, electronic mail or any other electronic means;
- e) For the prevention and detection of any criminal activity which the company is bound to report;

It is mandatory to provide the data, else we will not be able to process the application. Recipient of the data collected is the Mauritius Civil Service Mutual Aid Association Ltd whose registered office is at 5, Guy Rozemont Square Port Louis.

You have the right to require access to your personal data which is being processed and demand correction. In appropriate circumstances, you may request the erasure of any inaccurate, incomplete or immaterial personal data. Please inform the MCSMAA Ltd immediately of any variations relating to your personal data which is being processed by the latter. The MCSMAA Ltd undertakes to implement appropriate measures and safeguards for the purpose of protecting the confidentiality, integrity and availability of all data processed. Once the application has been processed, all data will be destroyed as per legal requirements.

DECLARATION

I consent that you may process the data and keep the details given to you in a database. This includes the following:

- · Details I give you on application forms
- · Details I give during financial reviews and interviews
- · Your analysis of my transactions
- · What you know from my account

I further consent to the company using, updating and processing this information to:

- · Provide me with services
- · Identify products and services which might be suitable for me
- · Prevent and detect fraud, and
- · Update their own records about me

I am fully aware of Section 52A of the Bank of Mauritius Act and I authorize that my 'Know Your Customer' (KYC) records and my account information, other than the balance and amount held therein, be submitted to the Registry of the Bank of Mauritius.

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 am / am not / under report/ involved in a police case / under prosecution before a court of law / subject to any freezing order (*delete as appropriate*).

I am aware of the	'Complaints Handl	ing Policy ar	nd Procedures'	available on www	v.mcsmutualaid.com

Signature of Applicant:	Date:

Mode of payment:

- (i) Cash (limited to Rs100,000)
- (ii) Office Cheque drawn in the name of: "M. C. S. Mutual Aid Association Ltd."
- (iii) Standing order: with reference "RSS" followed by name to the following bank accounts:

142 093 790 at Barclays Bank Mauritius Ltd Or 610 301 0000 2233 at SBM Ltd.

Or 010 704 647 at MCB Ltd.

OFFICE USE

Risk Category of Customer : Low									
Reason for risk category:									
IS CUSTOM PEP? (please		YES	NO	IS CUSTO 'HNWI'?' (YES	YES NO		
PEP / 'HNWI'/ HIGH RISK Transaction authorized by (Senior Management)									
Name:			Signature:]	Date:		
UNSC check for Applicant (please tick) UNSC check for Beneficiary (please tick) POSITIVE POSITIVE POSITIVE POSITIVE POSITIVE									
	MAK	ER POS	ST DATE	CHECKER	POST	DATE	EXAMINER (IN CASE OF RSS)	DATE	
CIF – CREATE / UPDATE									
RSS INPUT									
REMARKS									
REVIEWEI MANA	O / Signa	ture:		D	Date:				

NR/SB/15.04.25