



**FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) ASSESSMENT  
FORM – SELF CERTIFICATION FORM (INDIVIDUAL)**

The fields should be filled in CAPITAL letters and tick (✓) where

CUSTOMER CIF:

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**1. Personal Information**

Title:       Mr     Mrs     Miss

First Name     

Last Name     

Maiden Name     

Date of Birth       /  /  (DD/MM/YYYY)    Country of Birth     

Marital Status     Married     Divorced     Single     Unmarried couple     Widowed

Nationality                            Other Nationality     

Country of Residence     

Street & City     

Postal Code                            Country     

**2. Communication Details**

**Phone and Fax Numbers(s)**

Office                            Home     

Mobile                            Fax     

Mobile Service Provider     my.t     Emtel     MTML     Others     

Email     

**3. Identification (ID) Document Details**

Legal Document Type     

ID Number     

Passport Number     

Issuing Authority     

Issue Date     

Expiry Date     

Initials:.....

**The Mauritius Civil Service Mutual Aid Association Ltd.**

5, Guy Rozemont Square, Port-Louis, Republic of Mauritius. T: (230) 213 6060 F: (230) 211 2441 E: [m.c.s.mutualaid@intnet.mu](mailto:m.c.s.mutualaid@intnet.mu)

[www.mcsmutualaid.mu](http://www.mcsmutualaid.mu)

**4. Tax Residency Information**

Tax Regulations applicable to financial institutions require The Mauritius Civil Service Mutual Aid Association Ltd. (“Mutual Aid Ltd.”) to collect and report certain information about each account holder’s/ Beneficial Owner’s (B.O) tax residency and in certain circumstances, citizen status.

Please complete, where applicable the relevant sections overleaf. In that respect, please be advised that in certain circumstances, The Mauritius Civil Service Mutual Aid Association Ltd. may be required to share this information through the Mauritius Revenue Authority with tax authorities of another country or other countries in which the account holder/B.O may be tax resident.

If you have any questions about how to complete this form, including defining tax residency status, please contact your tax adviser. You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested on the OECD’s automatic Exchange of Information (AEOI) website: <https://www.oecd.org/tax/automatic-exchange/> .

Further information about the implementation of FATCA in Mauritius is accessible at <https://www.mra.mu/download/FATCAGuidance140515.pdf> .

For the purpose of taxation, you hereby certify that you are a resident in the following countries and your Tax Identification Number (TIN)/ functional equivalent in each additional country is set out below or you have indicated that a TIN/ functional equivalent is unavailable.

Jurisdiction (1)	<input type="text"/>
TIN (1) As Applicable:	<input type="text"/>
Additional Jurisdiction (2) As Applicable:	<input type="text"/>
TIN (2)	<input type="text"/>
Additional Jurisdiction (3) As Applicable:	<input type="text"/>
TIN (3)	<input type="text"/>

If no TIN is available, please provide the appropriate reason by ticking one of the boxes below:

The country where you are liable to pay tax does not issue TINs to its resident:     Yes         Other reason (Please fill in below)

Other reasons for non-availability of your TIN

**5. Occupation Details**

Job Description	<input type="text"/>
Employer’s Name	<input type="text"/>
Employer Industry	<input type="text"/>
Employed since	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)    Salary Currency (e.g. MUR, EUR, USD) <input type="text"/>
Monthly Salary	<input type="text"/> Please state the number of dependents you have <input type="text"/>
Education Level:	
<input type="checkbox"/> Secondary/High School <input type="checkbox"/> Tertiary/College <input type="checkbox"/> Technical <input type="checkbox"/> Other, please Specify:	<input type="text"/>

Initials .....

**6. Banking Transaction Regulatory Information**

**Purpose of Relationship** (List for purpose of Relationship on Page.....)

[Redacted area for Purpose of Relationship]

**Source of Funds** (Income/Revenue)

Source Type	Amount (In Figures)	Currency (e.g. MUR, EUR, USD)	Frequency
Salary	[Redacted]	[Redacted]	[Redacted]
Rent	[Redacted]	[Redacted]	[Redacted]
Dividend	[Redacted]	[Redacted]	[Redacted]
Business Income	[Redacted]	[Redacted]	[Redacted]
Pension	[Redacted]	[Redacted]	[Redacted]
Interest	[Redacted]	[Redacted]	[Redacted]
Other, Please Specify	[Redacted]	[Redacted]	[Redacted]

**Source of Wealth** (Provide full details)

[Redacted area for Source of Wealth]

**8. Authorisations and Undertakings**

I authorise The Mauritius Civil Service Mutual Aid Association Ltd. to provide, directly or indirectly, to domestic and/or overseas tax authorities any information that Mutual Aid Ltd. may have in its possession on me and I declare that all statements made in this document are correct and complete.

- (i) I undertake to indemnify The Mauritius Civil Service Mutual Aid Association Ltd. and its designated Responsible Officer in the event I would have made any misstatement herein and inform the Association as soon as possible, should any certification on this statement become incorrect.
- (ii) I undertake to inform The Mauritius Civil Service Mutual Aid Association Ltd. within 30 days, should any certification on this statement become incorrect or incomplete.

Signature: [Redacted] Date: [Redacted] / [Redacted] / [Redacted]

**FOR OFFICE USE ONLY**

<b>Maker</b>	[Redacted]	<b>Checker</b>	[Redacted]
<b>Post</b>	[Redacted]	<b>Post</b>	[Redacted]
<b>Signature</b>	[Redacted]	<b>Signature</b>	[Redacted]
<b>Date</b>	[Redacted]	<b>Date</b>	[Redacted]

# ANNEXURE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) ASSESSMENT FORM – SELF CERTIFICATION FORM (INDIVIDUAL)

Please tick ( ✓ ) as appropriate

SECTION A		Yes	No
1	Are you a US citizen?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you have a US Green Card?*	<input type="checkbox"/>	<input type="checkbox"/>
3	Are you taxable in the US?*	<input type="checkbox"/>	<input type="checkbox"/>
4	Were you born in the US?	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you have a US passport?*	<input type="checkbox"/>	<input type="checkbox"/>
6	Is your country of residence US?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you have a current US residence or mailing address?*	<input type="checkbox"/>	<input type="checkbox"/>
8	Do you have a current US landline phone number?*	<input type="checkbox"/>	<input type="checkbox"/>
9	Do you maintain an “in care of” or a “hold mail” US address?*	<input type="checkbox"/>	<input type="checkbox"/>
10	Have you lived or worked in US during the past 3 years?*	<input type="checkbox"/>	<input type="checkbox"/>
11	Do you have any income from US source?* (See Note 1)	<input type="checkbox"/>	<input type="checkbox"/>
12	Do you have standing instructions to transfer funds to an account maintained in the US, or instructions regularly received from a U.S. address?*	<input type="checkbox"/>	<input type="checkbox"/>
13	Have you granted signatory authority to a person with US address?*	<input type="checkbox"/>	<input type="checkbox"/>
14	Do you have 10% or more interest by vote or value in a US company?*	<input type="checkbox"/>	<input type="checkbox"/>

\* If you have answered "Yes" to any of the above, please complete Section B.

**Note 1:** Income can be interest, dividend, rent, salary, wage, premium, annuities, compensations, remuneration, emoluments and other fixes or determinable annual or periodic gains, profits and income from US sources. Also include gross proceeds from sale or other disposition of any property of a type which can produce interest or dividend from US sources.

SECTION B: ADDITIONAL INFORMATION		
1	US Green Card No	
2	US Tax Identification Number (TIN)	
3	US Passport No	
4	US mailing address	
5	US landline phone number	
6	US "in care of"/ "hold mail" address	
7	Dates you have been in US during the past 3 years and reasons for stay	
7.1	<b>From</b>	<b>To</b>
	<b>Stay Purpose</b>	

8	Expected annual income from US (in \$)	
9	Type of fund transferred to the US	
10	Name/s of US authorised signatory	
11	Name/s of US company in which you have 10% or more interest by vote or value	

**Important Note:**  
 The Mauritius Civil Service Mutual Aid Association Ltd. hereby informs you that if you are connected to the US (for example if you are a US citizen or resident or receive any fixed or determinable, annual or periodic income from the US), Mutual Aid Ltd. may be obliged to report information related to your account to its competent local tax authority which will in turn pass on the information to the competent tax authority in the United States.

**SECTION C: DECLARATION**

I am/ am not a US citizen or US resident or taxable under the US laws. I confirm that all the information provided above is true and correct.

I understand it is my responsibility to inform The Mauritius Civil Service Mutual Aid Association Ltd. of any changes regarding my personal and tax status.

I am aware that The Mauritius Civil Service Mutual Aid Association Ltd. shall be required to disclose and report to its competent local tax authority any personal tax information, financial account information or any additional due diligence information obtained from me in compliance with the FATCA regulations.

Customer Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date 

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**FOR OFFICE USE ONLY**

FATCA classification: Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/>	
Maker	Checker
Post	Post
Signature	Signature
Date	Date

Approved By \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**REFERENCE - HELP FOR FORM FILLING**

LIST FOR PURPOSE OF RELATIONSHIP	
Savings	Related party - director
Transactional - salary	Related party - shareholder
Transactional - business related	Related party - Signatory
Application BOI - investment	Related party - IB mandates
Application BOI - professional activity	Related party - corporate card mandates
Application BOI - self-employed	Operation of account- proxy
Application BOI - retired scheme	Operation of account - joint owner
Application BOI - acquisition of residential unit under IRS/RES/PDS/SCS	Operation of account- legal guardian
Investment	Operation of account - well-wisher
Related party - Beneficial Owner	Operation of account – succession