4.0	
	Date:
The Chief Executive Officer,	

M.C.S. Mutual Aid Association Ltd., 5, Guy Rozemont Square, Port Louis.

Dear Sir,

RE: DECLARATION FROM BORROWER: LOANS WITH OTHER INSTITUTIONS

Loan (s) with other institution/(s	s) are as follows:			
Yes	No No	If yes,	please gi	ve details:-

SN.	Lending Institution	Purpose of Loan	Original Loan Amount (Rs)	Term (Months)	Arrears as at(Rs)	Loan Balance as at (Rs)
1						
2						
3						
4						

.../....../...../.....

Reasons for arrears:	
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5.0 EMAILING OF STATEMENTS OF ACCOUNT (LOANEE)

In order to improve Customer Service,	, M.C.S. Mutual Aid Association Ltd is proposing to send statements via	email.
Email Address of:		

1. Loanee:																			
				1 !	, ,	1 !	, ,	 , ,								 	 	 	

Declaration:

I hereby declare that I am perfectly aware of the risks inherent to sending and receiving of statements of accounts by e-mail. These include, but are not limited to, documents being sent to impersonated e-mail addresses and / or wrong recipients, email accounts being hacked, or attacked by computer viruses and thus exposing my statements to third parties and I agree to bear <u>all</u> the consequences thereof. I shall be responsible for updating my e-mail address details with the M.C.S. Mutual Aid Association Ltd as and when necessary.

The M.C.S. Mutual Aid Association Ltd shall not be responsible for any of the consequences in the event I fail or delay in updating my email address when so requested.

I shall inform the M.C.S. Mutual Aid Association Ltd promptly in case of any error or if I become aware that my e-mail account has been compromised in any way. The M.C.S. Mutual Aid Association Ltd shall in no way be responsible for any of the consequences if I fail to notify it of such events. I undertake to hold the M.C.S. Mutual Aid Association Ltd and / or any of its agents harmless in the execution of the above instructions and not to enter any action whatsoever against the aforesaid parties. I hereby waive any such rights I might have accordingly.

The present authorization shall remain valid until written revocation by me.

SN		NAME	SIGNATURE	DATE
1	LOANEE			

6.0 ADDITIONAL UNDERTAKING FOR THE FOLLOWING DEPARTMENTS

SN.	NAMES OF DEPARTMENT	SN.	NAMES OF DEPARTMENT
1	Private Secondary School Authority (PSSA)	7	Small and Medium Enterprises Development Authority
			(SMEDA)
2	Mauritius Telecom (MT)	8	Pensioners Sicom
3	Mauritius Ports Authority (MPA)	9	Pensioners (Loans Based On More Than One Pension)
4	State Informatics Ltd (SIL)	10	Cotton Bay
5	National Transport Corporation - NTC (NRB)	11	Mauritius Network Services (MNS)
6	National Empowerment Foundation (NEF)		

OFFICE USE								
Maker	Name:	Signature:	Date					
Checker	Name:	Signature:	Date					

LOAN DEDUCTION AUTHORITY FORM (LDAF) BY LOANEE - PENSION PAYABLE BY ACCOUNTANT GENERAL / SICOM LTD <u>Applicant Part</u>

	Date:/
The Accountant	
	,
	••••••
Dear Sir,	
RE: DEDUCTION FROM RETIRING GRATUIT REFUND OF PENSION CONTRIBUTION A	TY, CASH IN LIEU OF SICK LEAVE / PASSAGE BENEFITS, AND OTHER RETIREMENT BENEFITS
•	
	ords)
No) from The Accountant General/SICOM Ltd * to d	(Rs) (Loan om the M.C.S. Mutual Aid Association Ltd do hereby authorise leduct from my retiring gratuity, cash in lieu of sick leave / bution and other retirement benefits , any amount which is id Association Ltd.
I also agree that gratuity / cash in lieu of sick paid to me after deducting loan balances from the	leave / passage benefits and other retirement benefits shall be he M.C.S. Mutual Aid Association Ltd.
I undertake not to revoke this instruction without Ltd.	out the written consent of the M.C.S. Mutual Aid Association
Yours faithfully,	
Signature:	Name:
NID:	

	OFFICE USE										
Received by	Name	Signature	Date								
Letter sent to											
Accountant General											
/SICOM Ltd *	Name	Signature	Date								

^{*} To delete where not applicable.

LDAF/MACML LR/S/01.03.19