4.0								Day		,	,	
M.C	Chief Executive Officer, L.S. Mutual Aid Association I uy Rozemont Square, Port L							Da	.e:	/	/ .	
Dea	ar Sir,											
RE	: REQUEST FOR OFFS	SET OF EXISTING	G LOAN	S/ARREAR	S							
	_								-4:44:	(
	thorise the M.C.S. Mutua			•	•						•	
fron	n the loan of Rupees (in	n words)					(Rs			.) apj	plied o
5.0 Do	DECLARATION FRO		th any ins			ITUTI	ONS					
		Purpose Origi	nal Loan	Term A		Arrears as at		Loan Balance			To Offset	
SN.	Lending Institution	of Loan Amo	unt (Rs)	(Months)	(Rs)		as at (Rs)				(Rs)	
1												
2											_	
3											+-	
L	sons for arrears :											
6.0 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. L	Loanee :											
Decl	aration:										•	
limite and t detail The M so rec I shal way. hold	by declare that I am perfectly award to, documents being sent to imperhus exposing my statements to third is with the M.C.S. Mutual Aid Association Ltd quested. I inform the M.C.S. Mutual Aid Association Ltd Quested. The M.C.S. Mutual Aid Association Ltd Quested.	ersonated e-mail addresses of parties and I agree to be ciation Ltd as and when not shall not be responsible for sociation Ltd promptly in on Ltd shall in no way be on Ltd and / or any of its	and / or wro ear <u>all</u> the co ecessary. or any of the case of any e responsible s agents har	ong recipients, emaionsequences thereo consequences in the error or if I become for any of the consequences in the executive	il accou f. I sh e event aware t equence	nts being all be res I fail or d hat my e- es if I fail	hacked ponsible elay in mail ad	d, or attalle for up updating count haify it of	dating a g my e- as been such ev	mail add	ail addi dress w omised i underta	nses ress hen in any ake to
	soever against the aforesaid parties. present authorization shall rema		-									
SN					SIGNATURE				DATE			
1	LOANEE											
7.0 ADDITIONAL UNDERTAKING FOR THE FOLLOWING DEPARTMENTS												
ļ	SN. NAMES OF DEPARTMENT SN. NAMES OF DEPARTMENT											
-	1 Private Secondary School 2 Mauritius Telecom (MT		Authority (PSSA) 7 Small and Medium Enterprises Development Authority (SMEDA) 8 Pensioners Sicom									
}	2 Mauritius Telecom (MT) 3 Mauritius Ports Authority (MPA)			Pensioners Sicom Pensioners (Loans Based On More Than One Pension)								
F	4 State Informatics Ltd (SIL)			Cotton Bay								
	5 National Transport Corpo	11	Mauritius Network Services (MNS)									
	6 National Empowerment											

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>

Received by Name	USE Signature	Date	\dashv
NID:			
Signature: Nam	ne:		
Yours faithfully,			
Liu.			
Ltd.	intell consent of the iv		uu1011
I undertake not to revoke this instruction without the wi	ritten consent of the M	I.C.S. Mutual Aid Associ	ation
paid to me after deducting loan balances from the M.C.S.	. Mutual Aid Associati	on Ltd.	
I also agree that gratuity / cash in lieu of sick leave / pa	assage benefits and oth	er retirement benefits sha	ıll be
subsequently claimed by the M.C.S. Mutual Aid Associa	ation Ltd.		
passage benefits / refund of pension contribution an		enents, any amount wni	cn is
The Accountant General/SICOM Ltd * to deduct from			
No		•	
(Rs		`	Loan
having contracted loan of Rupees (in word			
This is to inform you that I, Mr /Mrs /Miss *			
RE: DEDUCTION FROM RETIRING GRATUITY, CASH REFUND OF PENSION CONTRIBUTION AND OTHI			
bear on,			
Dear Sir,			
······································			
The Accountant			
	Date	· / /	

Letter sent to Accountant

Signature

Date

Name

^{*} To delete where not applicable.