



BANK OF MAURITIUS
APPLICATION FOR THE PURCHASE OF
5.50% GOVERNMENT OF MAURITIUS SILVER RETIREMENT BOND

Section 1: Customer Details

Name and Address of Applicant

Account No Ref No.

Name:

NIC

Address:

Telephone / Mobile

.....

Email

.....

Amount Rs.....

Amount in words

Instructions for Payment of Interest		
Beneficiary's Name	Bank	Beneficiary's Account No

I authorise the Bank of Mauritius to open an account in book entry form in my name for the purpose of recording the above investment.

Date/...../.....

Signature of applicant

Section 2: Statement by Applicant

I certify that my permanent domicile is in Mauritius.

I agree that at the age of 65, quarterly interest at the rate of 5.50 per cent per annum will be paid on the compounded amount of the Silver Retirement Bond into the Bank account given above.

I certify having fully understood that the Bond is not transferable and in case of death the net proceeds will be paid to my legal beneficiaries.

Date/...../.....

Signature of applicant

Section 3: To be completed by the participating bank

Bank Name:

Branch:

We certify having carried out the necessary due diligence and complied with the provisions of the Financial Intelligence and Anti-Money Laundering Act 2002 and the Guidance Notes on AML/CFT issued by the Bank of Mauritius

.....
 Signature and Seal of participating bank