



BANK OF MAURITIUS
APPLICATION FOR THE PURCHASE OF
5.50% GOVERNMENT OF MAURITIUS SILVER SAVINGS 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 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



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 Signature and Seal of participating bank