



BANK OF MAURITIUS
APPLICATION FOR THE PURCHASE OF

3.5% FOUR-YEAR GOVERNMENT OF MAURITIUS SAVINGS BOND

Section 1

Name and Address of Applicant 1

Name:

Residential Address:

.....

Mailing Address.....

.....

BOM Customer ID.....

NIC/Business Registration Number.....

Telephone.....

Email.....

Name and Address of Applicant 2

Name:

Residential Address:

.....

Mailing Address.....

.....

Name of Guardian (in case of minor)

NIC.....

Telephone.....

Email.....

Nominal Amount Rs

Amount in Words Rs.....

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

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

I/we certify having fully understood that the Bond is not transferable. In case of death of a bondholder, the net proceeds will be payable to the legal beneficiaries of the bondholder or to the survivor, as the case may be.

Date/...../..... **Signature(s)**

Section 2: To be completed by the participating bank

We certify that we have complied with the provisions of the Financial Intelligence and Anti-Money Laundering Act 2002, Financial Intelligence and Anti-Money Laundering Regulations and the Guidance Notes on AML/CFT issued by the Bank of Mauritius.

Bank Name:

Branch:

.....
 Signature and Seal of participating