MAURITIUS REVENUE AUTHORITY STAFF ASSOCIATION

<u></u>																						
FORM 1: MEMBERSHIP								MRASA											SN			
ABOUT YOU (Please print on separate sheets) MR																						
							(Plea	se pri	nt on	sepai	ate s	heet	s)								MR	
SURNAME																					MRS	
FORENAME																					MS	
NID															M	RA IE						
ADDRESS																						
HOME TEL				_						MOI	BILE											
EMAIL																						
ABOUT YO	UR J	OB																				
CUSTOMS						GRO	OUP:															
COMPLIANCE	COMPLIANCE SUPPORT DEPTS					OFFICER/ CUSTOMS OFFICER I / II								TECHNICAL OFFICER								
SUPPORT DE						SUPPORT STAFF									TEAM LEADER							
TEL OFFICE					_						EXT											
I AGREE TO ABIDE BY THE RULES OF THE UNION																						
SIGNATURE										DAT	E			_ /			_ /					
OFFICE US	E ON	LY																				
APPROVED			CON	ИΜЕ	NTS																	
REJECTED																						
SIGNATURE										DAT	E			/			/					

CHECK OFF

(Please print on separate sheets)

CHECK OFF AUTHORISATION (UNION'S COPY)

SURNAME

FORENAME

SIGNATURE

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I, the unders	igned,	her	eby	auth	orize	e and	dire	ct my	/ em	oloye	r, the	Mau	ıritius	s Rev	enue/	Autl	norit	y (N	1RA)	, to d	educt
from my sala	ry, the	e sur	m of	FIFT	Y RU	PEES	(RS.	50) p	oer m	onth	, star	ting o	on			20	ar	nd to	ren	nit th	at
amount to th	ne Ma i	uriti	us R	even	ue A	utho	rity S	taff	Asso	ciatio	n (M	RASA), c/o	The	Secre	etary	MR	ASA	, Ma	uritiu	ıs
Revenue Aut	hority	, Cn	r Mg	gr. G	onin	& Siı	Virg	il Na	z St,	Port	Louis										
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amount to th	ne Ma i	uriti	us R	even	ue A	utho	rity S	taff	Asso	ciatio	n (M	RASA), c/o	The	Secre	etary	MR	ASA	, Ma	uritiu	IS
Revenue Aut	hority	, Cn	r Mg	gr. G	onin	& Sir	Virg	il Na	z St,	Port	Louis										

DATE