MAURITIUS REVENUE AUTHORITY STAFF ASSOCIATION / SICOM LIFE INSURANCE

	MRASA	
SICOM LIFE I	NSURANCE POLICY HOLDER	YR SN
ABOUT YOU	(Please print on separate sheets)	☐ MR
SURNAME		MRS
FORENAME		MS
NID	MRA II	
ADDRESS		
HOME TEL	MOBILE	
EMAIL		
ABOUT YOUR	R JOB	
CUSTOMS	GROUP: OFFICER/CUSTOMS OFFICER TECHNI	CAL OFFICER
SUPPORT DEPT	SUPPORT STAFF/OTHER STAFF TEAM L	EADER/OTHERS
TEL OFFICE	EXT	
I AGREE TO ABID	E BY THE CONDITIONS OF THE POLICY	
SIGNATURE	DATE /	
OFFICE USE ONLY	Y POLICY	
APPROVED	COMMENTS	
APPROVED REJECTED	COMMENTS	

CHECK OFF

(Please print on separate sheets)

CHECK OFF AUTHORISATION (UNION COPY

I, the undersigned, hereby authorize and direct my employer, the MAURITIUS REVENUE AUTHORITY (MRA), to deduct from my salary, the sum of TWO HUNDRED TWENTY																						
FOUR RUPEES AND FIFTY CENTS (RS 224.50) per month, starting on																						
ASSOCIATION(MRASA), c/o The Secretary MRASA, MAURITIUS REVENUE AUTHORITY, Cnr Mgr. Gonin & Virgil Naz St, Port Louis																						
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SURNAME																						
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FORENAME																						
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NID														MR	A ID							
SIGNATURE				DA	TF			/			/											
SIGNATURE				, .	-						-											
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I, the undersigned, here	by authorize	and d	irect n	ny emp	oloyer,	the M	AURI	TIUS R	REVEN	IUE AU	JTHO	RITY (MRA),	to ded	uct fr	om my	salar	y, the	sum o	f TWO	HUNDRE	D TWENTY
FOUR RUPEES AND F	FTY CENTS	(RS 22	4.50) p	er mo	nth, st	arting	on			. 20	ar	nd to re	emit th	at amo	ount to	o the N	AUR	ITIUS	REVE	ENUE A	AUTHORIT	Y STAFF
ASSOCIATION(MRASA	A), c/o The So	ecretar	y MR	ASA, M	IAURI	TIUS	REVE	NUE A	UTHC	RITY,	Cnr N	Agr. G	onin 8	ι Virgi	l Naz	St, Poi	rt Lou	is				
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