



# MAURITIUS HOUSING COMPANY LTD SAVING ACCOUNT – CASH CLOSURE FORM(UPTO RS10,000)

Date

### MAIN ACCOUNT HOLDER DETAIL

### JOINT HOLDER DETAIL

CIF  Title Mr  Mrs  Miss  Minor

Surname

Other Name

NID

CIF  Title Mr  Mrs  Miss  Minor

Surname

Other Name

NID

I/We wish to close the Saving account

Amount Rs  Mobile Num

### MODE OF OPERATION

Operated by all account holders  Operated by either account holders  Operated by Guardian  Operated by Proxy

### To be filled if operated by guardian or proxy selected

CIF  Mr/Mrs/Miss  NID

### CASH PAYMENT

I/We acknowledge receiving the sum of MUR

in cash on

MAIN ACCOUNT HOLDER JOINT HOLDER /PROXY/GUARDIAN

NID  NID

### OFFICE USE-FRONT OFFICE

#### AMOUNT APPROVED

Saving ac status Active  If others specify

Available balance

MUR

AMOUNT PAYABLE

INTEREST ACCRUED

TOTAL AMOUNT PAYABLE

#### LOAN DETAILS

Loan acc no	FRD	Arrears amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Arrears officer signature  Date : ..../.../.....

### VERIFICATION CHECK LIST

ID checked  Bank ac no confirmed  Signature verified against ID  Scan Document

Prepared by  Date  Approved for payment by OPC  Date

### OFFICE USE-OPC

Date ac debited  Transaction reference  Payment mode

Processed by  Date  Approved by  Date



**MAURITIUS HOUSING COMPANY LTD**  
**SAVING ACCOUNT – WITHDRAWAL/CLOSURE FORM(ABOVE RS10,000)**

Date

**MAIN ACCOUNT HOLDER DETAIL**

**JOINT HOLDER DETAIL**

CIF  Title Mr  Mrs  Miss  Minor

CIF  Title Mr  Mrs  Miss  Minor

Surname

Surname

Other Name

Other Name

NID

NID

I/We wish to withdraw  or close  the SAVING account

Amount Rs           Mobile Num

**MODE OF OPERATION**

Operated by all account holders  Operated by either account holders  Operated by Guardian  Operated by Proxy

To be filled if operated by guardian or proxy selected

CIF  Mr/Mrs/Miss  NID

**MODE OF PAYMENT**

Bank Transfer   
 Please credit Bank A/c No  at   
 in the name of Mr/Mrs/Miss

**OTHERS**  
 Cheque

**CUSTOMER DECLARATION**

I/we declare that all information provided above are true and correct.

**MAIN ACCOUNT HOLDER**

**JOINT HOLDER /PROXY/GUARDIAN**

**OFFICE USE-FRONT OFFICE**

**AMOUNT APPROVED**

**LOAN DETAILS**

Saving ac status Active  If others specify

Loan acc no  FRD  Arrears amount

Available balance   
MUR

AMOUNT PAYABLE

Arrears officer signature ..... Date : .../.../.....

INTEREST ACCRUED

**VERIFICATION CHECK LIST**

TOTAL AMOUNT PAYABLE

ID checked  Bank ac no confirmed  Signature verified against ID  Scan Document

Prepared by  Date  Approved for payment by OPC  Date

**OFFICE USE-OPC**

Date ac debited         Transaction reference  Payment mode

Processed by  Date  Approved by  Date



# MAURITIUS HOUSING COMPANY LTD SAVING ACCOUNT – CLOSURE BY HEIRS

Date

We the undersigned, heirs of late Mr/Mrs/Miss  would like  
to close the SAVING account             held by the deceased.

### TO BE FILLED IF AMOUNT LESS THAN Rs10,000/-

We the undersigned authorise MHC Ltd to issue cheque representing closure proceeds amounting to MUR   
to the order of Mr/Mrs/Miss  bearing NID

### HEIRS DETAILS

Title Mr  Mrs  Miss  Minor   
Surname   
Other Name   
NID              
Signature .....

Title Mr  Mrs  Miss  Minor   
Surname   
Other Name   
NID              
Signature .....

Title Mr  Mrs  Miss  Minor   
Surname   
Other Name   
NID              
Signature .....

Title Mr  Mrs  Miss  Minor   
Surname   
Other Name   
NID              
Signature .....

### OFFICE USE-FRONT OFFICE

I Mr/Mrs/Miss  certify that signature/s of heir/s has/have been made in my presence.  
Signature .....

### AMOUNT APPROVED

Saving ac status Active  If others specify    
Available balance  MUR  
AMOUNT PAYABLE   
INTEREST ACCRUED   
TOTAL AMOUNT PAYABLE

### LOAN DETAILS

Loan acc no	FRD	Arrears amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Arrears officer signature ..... Date : .../.../.....

### VERIFICATION CHECK LIST

Heirs ID checked  Signature verified against ID  Death certificate  Affidavit

Prepared by  Date  Approved for payment by OPC  Date

### OFFICE USE-OPC

Date ac debited         Transaction reference  Payment mode   
Processed by  Date  Approved by  Date