

**DIRECT DEBIT APPLICATION FORM**

Date.....

**The Manager,**

**The Mauritius Commercial Bank Ltd / State Bank of Mauritius Ltd / Hong Kong & Shanghai Banking Corporation Ltd / Afrasia Bank Ltd / Bank One Ltd / Mauritius Post & Cooperative Bank Ltd / SBI (Mauritius) Ltd**  
*(Delete as appropriate)*

**Hereinafter referred to as “the Bank”**

**Port Louis**

<i>Tick as appropriate (Choose only one bank)</i>	<b>Bank Name</b>	<b>Bank account to be debited</b>																	
	The Mauritius Commercial Bank Ltd																		
	State Bank of Mauritius Ltd																		
	HSBC Ltd																		
	Afrasia Bank Ltd																		
	Bank One Ltd																		
	Mauritius Post & Cooperative Bank Ltd																		
	SBI (Mauritius) Ltd																		

Sir/Madam

I/We hereby authorize you to debit my/our account, particulars of which are provided above, with the amount claimed by the Mauritius Revenue Authority, being the personal income tax of:

Mr/Mrs/Miss: .....  
(Surname) (Other names)

in accordance with his/her return submitted electronically and credit MRA’s account, quoting the following eight digits reference number:

**T A N**

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I/We understand that:

- the Bank has no duty to inform us of the passing of the said entry into my/our account;
- In the event of any dispute arising in connection with the amount payable, I/We shall settle the matter directly with the Mauritius Revenue Authority;
- On payment date, the Bank reserves the right to determine the priority of this payment order against any other existing arrangements made between the bank and me/us;
- Such payment order shall:-
  - be executed only if my/our account mentioned above has available funds;
  - be carried out only upon receipt by the Bank of the relative instructions from the Mauritius Revenue Authority advising the Bank to make payment; and
  - remain in force until further notice.

I/We also authorize you to debit my/our account with the bank charges, where applicable.

Yours faithfully,

Name: ..... Signature..... Daytime phone no. ....

Name: ..... Signature..... Daytime phone no. ....

***The completed form should be sent to MRA at the under mentioned address.***