M A C O S C L E

RISK MANAGEMENT SCHEME

GROUP SHARE / SAVINGS BONIFICATION, LOAN PROTECTION AND FUNERAL BENEFIT SCHEME

MONTHLY COVERAGE REPORT

Please return to: MACOSCLE, 8TH FLOOR, MEEM TOWER, DECHARTRES STREET, PORT LOUIS (P.O. BOX 519 – PORT – LOUIS).

NAME OF CREDIT UNION	
AGREEMENT NO.	

	MONTH	**YEAR**
Coverage Report for the month of		

LOAN PROTECTION

1. Total Members with Outstanding Loans

2. Total Members with Outstanding Loans for other scheme

	AMOUNT		**RATE PER THOUSAND**		**LOAN PROTECTION COVERAGE DUE**
3. Total Amount of Outstanding Loans		**X**	0.60	=	
4. Total Amount of Outstanding Loans for other schemes					

SHARE / SAVINGS BONIFICATION

5. Total Members with Shares / Savings

	AMOUNT		**RATE PER THOUSAND**		**SHARE / SAVINGS COVERAGE DUE**
6. Total Amount Of Shares / Savings		**X**	0.60	=	

7. Total Amount of Bad debtors not included in the Loan Protection (*)

8. Total Amount of Coverage Payment
Loan Protection + Shares / Savings+ Other Savings (Total at 3 + Total at 4+Total at 6)

I hereby certify that the above information is true and accurate and is submitted in accordance with the MACOSCLE Risk Management Scheme.

NAME :-	
SIGNATURE :-	
TITLE :-	
DATE :-	

(*) Please submit name and amount due of the bad debtors. Other scheme means educational and health