

MNS	SLI	V1.0				
Business Registration Number (BRN)	Company licensed by FSC to carry on life Insurance Business' Name	Income Year	Telephone Number	Mobile Number	Name of Declarant	Email Address
<i>Insert BRN of the Insurance Company Here</i>	<i>Insert Full Name of the Insurance Company Here</i>	<i>Insert Tax Period here - YYYY</i>	<i>Insert Telephone Number Here</i>	<i>Insert Mobile Number Here</i>	<i>Insert Name of Declarant Here</i>	<i>Insert Email Address Here</i>
Insurance Policy holder's NIC number/ NCID/Other ID issued by DG	Insurance Policy holder's Business Registration Number (BRN)	Nationality	Insurance Policy holder's Passport Number	Surname of Insurance Policy holder	Other Names of Insurance Policy holder	Total Life Insurance Premium Paid
<i>Insert NIC no. or NCID or Other ID for the Insurance Policy holder</i>	<i>Insert BRN of the Insurance Policy holder</i>	<i>Insert the nationality of the Insurance Policy holder where he is an individual</i>	<i>Insert Passport Number of the Insurance holder</i>	<i>Insert surname of the Insurance Policy holder</i>	<i>Insert other names of the Insurance Policy holder</i>	<i>Insert the Total Life Insurance Premium Paid</i>

Information to be provided in csv files should be as follows:-

Line 1 and 2 should be exactly as indicated below.

Line 1 - Column labels

MNS	SLI	V1.0
------------	------------	-------------

Line 2 - Column labels

Business Registration Number (BRN)	Company licensed by FSC to carry on life Insurance Business' Name	Income Year	Telephone Number	Mobile Number	Name of Declarant	Email Address
---	--	------------------------	-----------------------------	--------------------------	------------------------------	--------------------------

Line 3 – Header information such as Business Registration Number, Company Name, Period, Telephone Number, Mobile Number, Name of Declarant, Email address

<i>Insert BRN of the Insurance Company Here</i>	<i>Insert Full Name of the Insurance Company Here</i>	<i>Insert Tax Period here - YYYY</i>	<i>Insert Telephone Number Here</i>	<i>Insert Mobile Number Here</i>	<i>Insert Name of Declarant Here</i>	<i>Insert Email Address Here</i>
---	---	--	---	--	--	--

Line 3 – Description of each column

	Column	Max. width	Mandatory	Validations
1.	Business Registration Number (BRN)	9	Yes	Characters allowed A to Z & 0 to 9.
2.	Company licenced by FSC to carry on Life Insurance Business' Name	50	Yes	Characters allowed A to Z & 0 to 9.
3.	Income Year	4	Yes	Format is YYYY (Eg. 2018)
4.	Telephone Number	7	Yes if Mobile Number NOT provided	Numbers allowed 0 to 9. Must be of 7 characters.
5.	Mobile Number	8	Yes if Telephone Number NOT provided	Numbers allowed 0 to 9. Must be 8 characters starting only with 5
6.	Name of Declarant	50	Yes	Characters allowed A to Z & 0 to 9
7.	Email Address	20	Yes	It must consist of a valid email address

Line 4 - Column labels

Insurance Policy holder's NIC number/ NCID/Other ID issued by DG	Insurance Policy holder's Business Registration Number (BRN)	Nationality	Insurance Policy holder's Passport Number	Surname of Insurance Policy holder	Other Names of Insurance Policy holder	Total Life Insurance Premium Paid
--	--	-------------	---	------------------------------------	--	-----------------------------------

Line 5 up to end of file - Detail information

	Column	Max. width	Mandatory	Remarks
1	Insurance Policy holder's NIC number/ NCID/Other ID issued by DG	14	Yes (If Nationality is Mauritian and BRN not provided) No (If BRN is not null or Nationality is non-Mauritian and Passport no. is not NULL)	This is the Insurance Policy holder's NIC number if Mauritian citizen, Non-citizen ID (NCID) if Non-Citizen or else Other ID issued by DG. Where the NCID is the 14 digit number issued by the Immigration Officer to a Non-citizen of Mauritius. Characters allowed A to Z, a to z and 0 to 9 only
2	Insurance Policy holder's Business Registration Number (BRN)	9	Yes (If Nationality is Mauritian and NIC/NICD/Other ID is NULL) No (If NIC/NICD/Other ID is not null or Nationality is non-Mauritian and Passport no. is not NULL)	Characters allowed A to Z & Numbers 0 to 9
3	Nationality	20	Yes (If NIC/NICD/Other	Characters allowed A to Z & Numbers 0 to 9

			r ID is NULL and BRN is NULL)	
4	Insurance Policy holder's Passport Number	9	No	Characters allowed A to Z & 0 to 9.
5	Surname of Insurance Policy holder	50	Yes	Where the Insurance Policy holder is an individual, the surname should be inserted. Where the Insurance Policy holder is not an individual (Company, société or succession, etc.) the name of the company, société or succession etc. should be inserted. Characters allowed A to Z & 0 to 9.
6	Other Names of Insurance Policy holder	40	No	Where the Insurance Policy holder is not an individual (Company, société or succession, etc.), the field should be null. Characters allowed A to Z & 0 to 9.
7	Total Life Insurance Premium Paid	11	Yes	Amount should not contain decimal places or separator E.g. An amount should appear as 123456789. It consists of numbers 0 to 9 only.

Note: Commas and special characters such as (&,"', >, <) are not allowed in any columns.