

# NATIONAL SOLIDARITY FUND



## Application for financial assistance Cancer, Renal failure and Other Severe Medical Cases

<b>Section A: Personal Details of patient</b>	
Surname:	<input type="text"/>
Other Name:	<input type="text"/>
NIC No.	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/>
Phone Number:	<input type="text"/>
Gender:	Male/Female      Age: <input type="text"/> years
Occupation:	<input type="text"/>
Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Separated/Divorced/Widow(er)
Spouse/Partner/ Guardian:	SURNAME: ..... OTHER NAMES: .....
Occupation:	<input type="text"/>
No. of dependent children:	<input type="text"/>

<b>Section B: Details of Beneficiary (if different from above)</b>	
Name of Beneficiary:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/>
Relationship to patient:	<input type="text"/>
Bank A/C number (if any)	<input type="text"/>

**Section C: Nature of disease**

Cancer: Please specify

Renal failure

Others: Please specify

**Section D: Declaration**

I understand that the information given by me will be verified by National Solidarity Fund. I certify that the above information is true and correct. Any wrong information may lead to the application being rejected.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

**Section E: Office Use**

Received by : ..... on .....

Processed by: ..... on .....

Submitted to Board on: .....

Board decision: .....

**Notes to Applicant**

The completed form should be submitted with the following documents:

1. Copy of Identity Card
2. Original Medical Certificate by treating Specialist Doctor
3. Proof of address (CWA Bill, CEB Bill, Bank Statement, telephone bills, copy of passport)
4. Birth Certificate
5. Marriage Certificate

**The National Solidarity Fund**  
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