

# NATIONAL SOLIDARITY FUND

Application for financial assistance  
CANCER, RENAL FAILURE AND LUPUS



## Section A: Personal Details of patient

Surname:

Other Name:

NIC No.

Gender: Male  Female  Age:

Address:

Phone Number: Home:  Mobile:

Marital Status Married  Single  Separated/Divorced/Widow(er) Other

Occupation:

Name of Spouse/Partner/  
Guardian: SURNAME: .....  
OTHER NAMES: .....

Occupation:

No. of dependent children:

## Section B: Details of Beneficiary (If patient is minor)

Name:

Bank Name:

Bank Account Number:

**Section C: Please Specify Nature of disease**

Cancer: Please specify

Renal failure:

Whether on Hemodialysis: Yes  No

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:

\_\_\_\_\_

**Notes to Applicant**

The completed form should be submitted with the following documents:

1. *Original Medical Certificate certified by **Specialist Doctor stating whether still on treatment or still under follow up***
2. *Copy of National Identity Card of patient and beneficiary ( where applicable)*
3. *Copy of Birth Certificate of patient*
4. *Copy of Marriage Certificate of patient (where applicable)*
5. *Copy of Proof of address of patient*
6. *Copy of Bank Account Number of patient and beneficiary (where applicable)*

**Application forms together with all required documents may be submitted to this office by registered post or on Wednesdays from 9.30 to 12.00**

**The National Solidarity Fund  
3rd Floor, Court View Building  
21, Pope Hennessy Street, Port Louis  
Tel: 210 8152, 211 3438, 289 0425, 289 0426**