NATIONAL SOLIDARITY FUND

Application for financial assistance DESTITUTES



Section A: Details of Applicant	
Surname:	
Other Name:	
NIC No.	
Gender:	Male Female Age:
Address:	
Phone Number:	Home: Mobile:
Marital Status Married	Single Separated/Divorced/Widow(er) Other
Occupation:	
_	IAME: ER NAMES:
Occupation:	
No. of dependent children:	

Section B: Bank Accourt	t Details of applicant		
Name:			
Bank Name:			
Bank Account Numbe	er:		

Section C:Reason for application

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

Name:

Notes to Applicant

The completed form should be submitted with the following documents:

1 Copy of National Identity Card

2. Where applicable:

(i)Original cerificate attendance from school ifo children

(ii) Copy of Birth certificate of children

(iii)Original medical certificate

Funeral Expenses:

(iii) Copy of Death certificate

(iv) Original receipts of expenses incurred (Funeral expenses)

3. Copy of Bank Account Number

4. Copy of Proof of address

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 Date: