

**NATIONAL SOLIDARITY FUND**  
**Application for financial assistance**



**DRUGS/MEDICATION**  
*(Purchase of expensive drugs not available in Govt Hospital)*

**Application made by:**

Self

Proxy

**Section A: 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 Proxy**

**Surname:**

**Other Name:**

**NIC No.**

**Gender:**

Male

Female

Age:

**Address:**

	<input type="text"/>	
<b>Phone Number:</b>	Home: <input type="text"/>	Mobile: <input type="text"/>
<b>Relationship with patient</b>	<input type="text"/>	
<b>Occupation:</b>	<input type="text"/>	

**Section C: Bank Account Details (Patient)**

**Name:**

**Bank Name:**

**Bank Account Number:**

**Section D: Reason for application**

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**Section E: 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 certifying nature of diseases
2. Copy of National Identity Card
3. Copy of Birth Certificate (if patient is minor)
4. Original Prescription of drugs
5. Original Receipts of expenses incurred
6. Copy of Bank Account Number

**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**