

**NATIONAL SOLIDARITY FUND**  
**Application for financial assistance**  
*ASSISTIVE DEVICE - HEARING AIDS*



**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"/>
	<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"/>

<b>Section C: Bank Account Details (Patient)</b>	
<b>Name:</b>	<input type="text"/>
<b>Bank Name:</b>	<input type="text"/>
<b>Bank Account Number:</b>	<input type="text"/>

<b>Section D: Reason for application</b>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

<b>Section E: Declaration</b>	
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.	
<b>Applicant's signature</b> _____	<b>Date:</b> _____
<b>Name:</b> _____	

The completed form should be submitted with the following documents:

1. Copy of National Identity Card ( patient & proxy)
2. Original medical certificate certifying use of device needed
3. Copy of birth certificate(if patient is underaged)
4. 3 quotations from 3 different supplier or receipt (if already purchased)
5. 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**