NATIONAL SOLIDARITY FUND

Application for financial assistance

LOCAL TREATMENT (FOR TREATMENT 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:

Phone Number: Home: Mobile:

Relationship with patient

Occupation:

Section C: Bank Account Details (Patient)

Name:

Bank Name:

Bank Account Number:

Section D:Reason for application

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 Report certifying nature of diseases and medical treatment undergone
2. Copy of National Identity Card
3. Copy of Birth Certificate(if patient is minor)
4. Original Receipts of expenses incurred
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