NATIONAL SOLIDARITY FUND

Application for financial assistance MULTIPLE BIRTH



| 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: | |
| SURNAME: | |
| | R NAMES: |
| Spouse/Partner/ Guardian: | |
| Guardian. | |
| Occupation: | |
| No. of dependent children: | |
| | |
| Section B: Bank Account Details of applicant | |
| Name: | |
| Bank Name: | |
| Bank Account Number: | |

| Section C:Reason for application |
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| 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 Copy of National Identity Card |
| 2.Copy f Birth Certificate (Newborn) |
| 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 Colidarity Fund |
| The National Solidarity Fund |
| 3rd Floor, Court View Building |
| 21, Pope Hennessy Street, Port Louis |

Tel: 210 8152, 211 3438, 289 0425, 289 0426