

NATIONAL SOLIDARITY FUND
Application for financial assistance
ASSISTIVE DEVICE - NAPPIES



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

Section C: Bank Account Details	
Name:	<input type="text"/>
Bank Name:	<input type="text"/> Phone Number: <input type="text"/>
Bank Account Number:	<input type="text"/>

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

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:
<ol style="list-style-type: none"> 1. Copy of National Identity Card (patient & proxy) 2. Copy of Birth Certificate (if underaged) 3. Original medical certificate certifying use of diapers 4. Receipts of nappies 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
<p>The National Solidarity Fund 3rd Floor, Court View Building 21, Pope Hennessy Street, Port Louis Tel: 210 8152, 211 3438, 289 0425, 289 0426</p>