

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



*ASSISTIVE DEVICE - OXYGEN*

**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)**

<b>Name:</b>	<input type="text"/>
<b>Bank Name:</b>	<input type="text"/>
<b>Bank Account Number:</b>	<input type="text"/>

**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 Copy of National Identity Card ( patient & proxy)
2. Original medical certificate certifying domiciliary oxygen needed
3. Original receipts of oxygen cylinders / apparatus purchased
4. 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**