

NATIONAL SOLIDARITY FUND

Application for financial assistance
REPATRIATION OF MORTAL REMAINS



Section A: Personal 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 Beneficiary (If patient is minor)

Name:

Bank Name:

Bank Account Number:

Section C: Please Specify Nature of disease

Cancer: Please specify

Renal failure:

Whether on Hemodialysis: Yes No

Others: Please specify

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. Request to be certified by diplomatic mission
2. Copy of National Identity Card (Applicant)
3. Receipts of transportation (Original)
4. Copy of death certificate
5. Copy of certificate of cause of death
6. Copy of Proof of address of applicant & deceased
7. 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**