NATIONAL SOLIDARITY FUND

Application for financial assistance SC/HSC EXAMS FEES

Section A: Details of Applica	nt
Surname:	
Other Name:	
NIC No.	
Gender:	Male Female Age:
Address:	
Phone Number:	Home: Mobile:
Marital Status Mar	ried Single Separated/Divorced/Widow(er) Other
Occupation:	
Name of Spouse/Partner/ Guardian:	SURNAME: OTHER NAMES:
Occupation:	
No. of dependent children:	

Section B: Bank Acco	ount Details of applicant
Name:	
Bank Name:	
Bank Account Nun	nb

Section C:Reason for application

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.Original receipt of payment from school / certified receipt of exams fees paid

3.Original memo from school

4.Copy of Birth certificate of children

5.Copy of Bank Account Number

6. Copy of result slip for 1st sitting

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