

NATIONAL SOLIDARITY FUND

Application for financial assistance
TRAGIC ACCIDENT



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:

Name of
Spouse/Partner/
Guardian:

SURNAME:

OTHER NAMES:

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 of Death certificate
3. Original Police Report
4. Certificate of cause of death
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

**The National Solidarity Fund
3rd Floor, Court View Building
21, Pope Hennessy Street, Port Louis
Tel: 210 8152, 211 3438, 289 0425, 289 0426**