

NATIONAL SOLIDARITY FUND
Application for financial assistance
ASSISTIVE DEVICE - DENTURES



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 (Patient)

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

The completed form should be submitted with the following documents:

1. Copy of National Identity Card (patient & proxy)
2. Original medical certificate certifying use of device needed
3. Copy of birth certificate(if patient is underaged)
4. 3 quotations from 3 different supplier or receipt (if already 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

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