

MANUFACTURING SECTOR WORKERS WELFARE FUND

1st Floor, Multi Service Complex, Mangalkhan, Floreal

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E-mail: mswwf@intnet.mu Website: <http://mswwf.gov-mu.org>

COMPASSIONATE GRANT SCHEME

Application Form

FOR OFFICE
USE

SECTION ONE

Person Afflicted (Worker)

National Identity Card No.:

Surname (block letters):

Other names (block letters):

Gender: M F

Marital Status: M S Other :

No of Children: Sons Daughters

Residential Address:

Enterprise:

Occupation:

Basic Salary:

No. of years of service at present enterprise:

Phone No.: Office: Res: Mobile:

Reason for application:

.....
.....
.....

IF APPLICANT IS NOT THE PERSON AFFLICTED – provide the following details

National Identity Card No.:

Surname (block letters):

Other names (block letters):

Residential Address:

Relationship with person afflicted:

Phone No.: Office: Res: Mobile:

Marital Status: M S Gender: M F

Financial Aid/ Assistance received from other Institutions: Yes No

If yes, give details (Institution and amount received):

I certify that the particulars given above are to the best of my knowledge and belief correct.

.....
Date

.....
Signature of Applicant

Missing Docs

I certify that the particulars given above are to the best of my knowledge correct.

.....
Date

.....
Signature of Applicant

SECTION TWO (To be filled in by the Human Resource Department of the Enterprise)

Name of enterprise:

Address of enterprise:

I hereby certify that (1).....

bearing NID number and residing at (2)

.....is employed as (3)

with this enterprise as from (4).....DD/MM/YY..... to (5)

I also certify that the abovenamed is/is not under treatment and is/is not on sick leave with/without pay

since

Date:DD/MM/YY.....

.....

Signature

.....

Name and status of signatory

Seal of Enterprise

- (1) Name of employee in block letters
- (2) Precise address of employee
- (3) Position held by employee
- (4) Date of commencement of agreement
- (5) Date of resignation/dismissal/retirement

Kindly note that:

- 1. Incomplete, inadequate and inaccurate filling of application form as well as non submission of required documents may lead to application not being considered.**
- 2. A site visit may be effected after giving prior notice to the applicant.**

Photostat copies of documents to be submitted with Application Form:

- National Identity Card of Applicant and person afflicted
- Birth certificate of applicant if not person afflicted
- Proof of address
- Recent payslip
- Medical Report