

MANUFACTURING SECTOR WORKERS WELFARE FUND

1st Floor, Multi Service Complex, Mangalkhan, Floreal

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DAYCARE GRANT SCHEME

Application Form

SECTION ONE

APPLICANT

National Identity Number:.....
Surname (block letters):
Other names (block letters):
Residential Address:
Phone No.: Office: Res: Mobile:
Enterprise:Occupation: Basic Salary:
No. of years of service at present enterprise and previous enterprise(s):

SPOUSE

National Identity Number:.....
Surname (block letters):
Other names (block letters):
Enterprise:Occupation: Basic Salary:
Phone No.: Office: Mobile:

CHILD

Name of Child: Date of Birth: Sex:
Name of Child Daycare Centre:
Address of Child Daycare Centre
Date of Admission in Child Daycare Centre:
Daycare Centre Registration Number? Date of Registration:

MODE OF PAYMENT

.....
Name of Bank: Bank Account No.:
Branch:

DECLARATION

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

.....
Date

.....
Signature of Applicant

FOR OFFICE
USE

Missing Docs

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

Name of enterprise:

Address of enterprise:

Contact Person:..... Contact No:..... Email Address:.....

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

bearing NID numberand residing at (2)

.....is employed as (3)

with this enterprise as from (4)..... to (5)

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 employment

(5) Present Date

Photocopy of documents to be submitted with Application Form:

DOCUMENTS	SUBMITTED
● National Identity Card of Applicant	<input type="checkbox"/>
● Recent payslip of Applicant	<input type="checkbox"/>
● Birth certificate of Child	<input type="checkbox"/>
● Recent receipt of payment effected to the Child Daycare Centre	<input type="checkbox"/>
● Bank Account No.	<input type="checkbox"/>
● Proof of Address	<input type="checkbox"/>
● Statement of account from National Pension Fund If years of service less than 2 years	<input type="checkbox"/>

NOTE

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. For subsequent months - Receipt of payment for preceding month should be submitted by **20th of the ensuing month**. Claims for several months at a time will not be considered.