**MANUFACTURING SECTOR WORKERS WELFARE FUND**

**SCHEDULE**

**[Regulation 3(b)]**

**DETAILS OF CONTRIBUTIONS**

**NAME OF ENTERPRISE:**

**MAURITIAN WORKERS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **SN** | **NATIONAL IDENTITY CARD NUMBER**  **OF WORKER** | | | | | | | | | | | | | | **SURNAME OF WORKER**  ***(in block letters and in alphabetical order)*** | **OTHER NAMES OF WORKER** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**EXPATRIATE WORKERS**

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| **SN** | **PASSPORT NUMBER OF WORKER** | | | | | | | | | | | | | | **FULL NAME OF WORKER**  ***(in block letters and in alphabetical order)*** |
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I certify that all the information given in this statement is correct.

Name :

Status of signatory :

Signature :

Date :