Manufacturing Sector Workers Welfare Fund

1st Floor, Multi Service Complex, Mangalkhan, Floreal Tel: 686-7746/698-1511 Fax: 696-6038

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

SOCIAL AID SCHEME

Application Form

FOR OFFICE USE

SECTION ONE

APPLICANT		
National Identity Card No.:		
Surname (block letters):		
Other names (block letters):		
Residential Address:		
Phone No.: Office: Res: Mobile:		
Enterprise: Basic Salary:Occupation: Basic Salary:		
No. of years of service at present enterprise and previous enterprise(s):		
Bank Name:Bank Account Number:		
DETAILS ON CALAMITY		
Type of Calamity: Cyclone Fire Others, please specify:		
If Cyclone, Name of Cyclone: Date of Calamity Occurred:		
Details of losses incurred:		
Financial Aid/ Assistance received from other Institutions: Yes No		
If yes, give details (Institution and amount received):		
DECLARATION		
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 Res	ource Department of the Enterprise)
Name of enterprise:	
Address of enterprise:	
Contact Person: Contact N	Io: Email Address:
I hereby certify that (1)	
bearing NID number and r	esiding at (2)
	is employed as (3)
with this enterprise as from (4)	to (5)
Date:DD/MM/YY	
 Name of employee in block letters Precise address of employee Position held by employee Date of Employment Present Date 	Signature Name and status of signatory Seal of Enterprise

Photocopy of documents to be submitted with Application Form:

DOCUMENTS	SUBMITTED
National Identity Card of Applicant	
Proof of Address	
Recent payslip	
Police Report (Memo)	
Copy of bank account number	

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. Application needs be made within a period of 90 days after the occurrence of the calamity.
- 3. Duly filled application form should be sent to the Fund through the enterprise specifying type of calamity, losses incurred, and copy of the police report, fire rescue services and other documentary evidence, as appropriate.
- 4. Applicant should have been contributing regularly to the Fund.