

# MANUFACTURING SECTOR WORKERS WELFARE FUND

## RETURN CHEQUE FORM

APPLICANT NAME			
IDENTITY CARD NO.			
PHONE NO.	MOBILE NO.	HOME NO.	
ENTERPRISE NAME			
SCHEME			
REASON FOR RETURNED CHEQUE		SUBMISSION OF REQUIRED DOCUMENTS	
<i>(Please tick the appropriate box)</i>		<i>(Please tick the appropriate box)</i>	
<input type="checkbox"/> Cheque damaged <input type="checkbox"/> Loan Cancellation		<input type="checkbox"/> Original Returned Cheque <input type="checkbox"/> Copy of NID of Applicant	
<input type="checkbox"/> Supplier name wrongly written <input type="checkbox"/> Change of Supplier name		<input type="checkbox"/> Original Returned Cheque <input type="checkbox"/> Copy of NID of Applicant <input type="checkbox"/> Copy of Business Registration Card of Supplier or <input type="checkbox"/> Copy of Certificate of Incorporation of Supplier or <input type="checkbox"/> Copy of Identity Card of Supplier	
<input type="checkbox"/> Change of Quotation <i>(Product out of stock)</i>		<input type="checkbox"/> Original Returned Cheque <input type="checkbox"/> Copy of NID of Applicant <input type="checkbox"/> New Quotation with BRN <input type="checkbox"/> Letter from current supplier certifying unavailability of product <i>(out of stock)</i>	
<input type="checkbox"/> Others; please specify: _____		<input type="checkbox"/> Original Returned Cheque <input type="checkbox"/> Copy of NID of Applicant _____	
CURRENT PAYEE NAME		CURRENT AMOUNT	RS
NEW PAYEE NAME		NEW AMOUNT	RS
REMARKS (IF ANY)			

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

### OFFICIAL USE

Loan Ref : \_\_\_\_\_

Mounted by PWA : \_\_\_\_\_

Seen by : \_\_\_\_\_

Date : \_\_\_\_\_

Recommendation by Head of Department: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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