

MANUFACTURING SECTOR WORKERS WELFARE FUND

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FUNERAL GRANT SCHEME

Application Form

SECTION ONE

FOR OFFICE
USE

DECEASED

National Identity Card No.:

Surname (block letters):

Other names (block letters):

Residential Address:

Enterprise:

Occupation:

Phone No.: Office: Res: Mobile:

Marital Status: M S

Sex: M F

No. of years of service at present enterprise: Date of Death:

Missing Docs

APPLICANT

National Identity Card No.:

Surname (block letters):

Other names (block letters):

Residential Address:

Relationship with Deceased:

Phone No.: Office: Res: Mobile:

Marital Status: M S Sex: M F

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 Resource Department of the Enterprise)

Name of enterprise:

Address of enterprise:

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

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

bearing NID number and residing at (2)

.....is employed as (3)

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

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

.....

- (1) Name of employee in block letters
- (2) Precise address of employee
- (3) Position held by employee
- (4) Date of Employment
- (5) End 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 Deceased	<input type="checkbox"/>
● Death Certificate	<input type="checkbox"/>
● Proof of Address of Deceased	<input type="checkbox"/>
● Recent Payslip of Deceased	<input type="checkbox"/>
● National Identity Card of Applicant	<input type="checkbox"/>
● Proof of Address of Applicant	<input type="checkbox"/>

Note:

1. Duly filled application form should be submitted through the Enterprise where the deceased was working.
2. Incomplete, inadequate and inaccurate filling of application form as well as non submission of required documents may lead to application not being considered.