

# MANUFACTURING SECTOR WORKERS WELFARE FUND

1<sup>st</sup> Floor, Multi Service Complex, Mangalkhan, Floreal

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## 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: ..... Occupation: ..... Basic Salary: .....

No. of years of service at present enterprise ..... and previous enterprise(s): .....

#### 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

Missing Docs

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**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) 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	<input type="checkbox"/>
● Proof of Address	<input type="checkbox"/>
● Recent payslip	<input type="checkbox"/>
● Police Report (Memo)	<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. 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.