



DEATH / SURGICAL GRANT FORM * (delete as appropriate)

Ref. No.
DG+SG/
29.10.24BRN
C10000071

CIF NO.

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Type of Grant: Member Spouse Surgery type: Local Abroad

DEATH GRANT

Name of Deceased Miss / Mr / Mrs :

NIC No. of deceased:

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Date of Death:

Surname at Birth (if married):

Dept./Mins:

Pen No.(if applicable)

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Name Of Beneficiary :

NIC No.:

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Relationship with deceased:

Email :

Tel.No. Home:

Tel. No. Office:

Mobile No.:

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Residential Address of Beneficiary:

Bank Name:

Bank Branch:

Bank Account No.:

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I hereby authorize the Mauritius Civil Service Mutual Aid Association Ltd. to credit to the above mentioned bank account, the sum of Rupees representing **funeral grant** in respect of late which sum representing expenses incurred by me in connection with the funeral.

I formally undertake that in case of Mauritius Civil Service Mutual Aid Association Ltd. is required to pay the amount of **funeral grant** to other beneficiaries of deceased, I shall pay to the Mauritius Civil Service Mutual Aid Association Ltd. a like amount at first request. (Not applicable in case of Death of Spouse).

Signature :

Date :...../...../.....

SURGICAL GRANT

Name of Member Miss / Mr / Mrs:

Surname at Birth (if married) :

Place of Birth :

Dept./Mins.:

Paysite / Pen No.:

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Post Held :

NIC No.:

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Email :

Tel.No. Home:

Tel.No. Office:

Mobile No.:

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Residential Address of Member:

Bank Name:

Bank Branch:

Bank Account No.:

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I hereby authorise the Mauritius Civil Service Mutual Aid Association Ltd to credit to the abovementioned bank account with the sum of Rupees representing Surgical Grant in respect of surgical operation underwent by me as per medical certificate attached.

Signature:

Date :

IMPORTANT : THE BENEFICIARY MUST CLAIM FOR THE GRANT WITHIN A PERIOD OF 24 MONTHS FROM THE DATE OF DEATH / SURGERY OF THE PERSON.

OFFICE USE

DOCUMENTS SUBMITTED FOR DEATH GRANT		D = Deceased	B = Beneficiary
1	Death Certificate (D)		
2	Birth Certificate (D/B) <i>Online Birth certificate is acceptable.</i>		
3	Recent Payslip /Pension Slip (D) <i>(Downloaded payslip will only be accepted with official seal, name, signature, date and post of signing officer)</i>		
4	Marriage Certificate (D/B)		
5	National Identity Card of Beneficiary (B)		
6	Receipt of expenses (third party) (B)		
7	Copy of Bank Pass Book or Statement Showing account number (B)		

Last Grant paid: Rs..... Date:...../...../.....

DOCUMENTS SUBMITTED FOR SURGICAL GRANT	
1	Medical certificate stating date & nature of surgery
2	Birth Certificate (<i>Online Birth certificate is acceptable</i>)
3	Recent payslip / pension slip of member <i>(Downloaded payslip will only be accepted with official seal, name, signature, date and post of signing officer)</i>
4	National Identity Card of member
5	Receipt(s) from Clinic (if applicable)
6	Copy of Bank Pass Book or Statement Showing account number of member

APPLICABLE FOR SURGICAL GRANT	
Hospital/Private Clinic	
Nature Of Surgical Operation	
<i>(In accordance with approved list)</i>	
Type Of Operation :	Date Of Operation :/...../.....
Last Surgical Grant paid Rs.....Date:...../...../.....	
Remarks :	

UNSC check for Applicant / Beneficiary (please tick):

Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	False Positive <input type="checkbox"/>
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I certify that the application form has been properly filled and the beneficiary's / member's signature is correct.

Received by (Name): Post:.....Signature:..... Date :/...../.....

Input by (Name): Post:.....Signature:..... Date :/...../.....

Checker (Name): Post:.....Signature:..... Date :/...../.....