

Name of Dept/Ministry

The Chief Executive Officer

Date: _____

MCS Mutual Aid Association Ltd
5, Guy Rozemont square
Port Louis

Dear Sir,

RE: MEMBERSHIP / LOAN CERTIFICATE

This is to certify that:

Name of employee:

Post held:

Is employee on PPE: Yes No

Appointment date: **Confirmation date:**.....

Basic Salary: Rs.....

Is employee **under report?** Yes No

If yes, please specify.....
.....

Is employee on **prolonged sick leave?** Yes No

Has the employee applied for **leave without pay?** Yes No

If yes, the **leave without** pay will be effective as from/...../.....

Is employee involved in a **police case?** Yes No

If yes, provide details:

OB Details: Police station:

Has the employee applied for **retirement:** Yes No

Has the employee applied for **pre-retirement leave:** Yes No

Yours faithfully,

Name of authorized signatory:.....

Signature:.....

Post:.....

Phone number:.....

Email

