

Name of Dept/Ministry

The Chief Executive Officer
MCS Mutual Aid Association Ltd
5, Guy Rozemont square
Port Louis

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

Dear Sir,

RE: MEMBERSHIP / LOAN CERTIFICATE – TRAINEE / PROBATIONER

This is to certify that:

Name of Trainee / Probationer:

Post held:

Probation / Traineeship start date:.....

Basic Salary / Stipend: Rs.....

Is **Probationer / Trainee under report?** Yes No

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

Is **Probationer / Trainee on prolonged sick leave?** Yes No

Has the **Probationer / Trainee** applied for **leave without pay?** Yes No

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

Is **Probationer / Trainee** involved in a **police case?** Yes No

If *yes*, provide details:

OB Details: Police station:

Yours faithfully,

Name of authorized signatory:.....

Signature:.....

Post:.....

Phone number:.....

Email

