



SURNAME :

NAMES :

DATE OF BIRTH :

PEN NO.

DEPT./MINS. :

RESIDENTIAL ADDRESS :

BANK NAME : BRANCH :

BANK ACCOUNT NO. :

DATE :/...../..... TEL. NO. : Home Office

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 I underwent as per medical certificate herewith attached.

NID

SIGNATURE :

OFFICE USE

I certify that the particulars given above and the applicant's signature are correct.

- Documents submitted:
- 1. Medical certificate stating date & nature of surgery ---
 - 2. Recent pay slip/pension slip -----
Downloaded payslip will only be accepted with official seal, name, signature, date and post of signing officer.
 - 3. Bank documents with account number -----
 - 4. National Identity card -----
 - 5. Receipt(s) from Clinic (if applicable) -----
 - 6. Birth Certificate -----
Online Birth certificate is acceptable.

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

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

OFFICE USE

HOSPITAL/PRIVATE CLINIC

NATURE OF SURGICAL OPERATION
(in accordance with approved list)

TYPE OF OPERATION : DATE OF OPERATION :/...../.....

LAST SURGICAL GRANT PAID ON

REMARKS :

IMPORTANT : THE SHAREHOLDER MUST CLAIM FOR THE GRANT WITHIN A PERIOD OF 24 MONTHS FROM THE DATE OF OPERATION.

SURGICAL GRANT

OFFICE USE

UNSC check for Applicant (please tick)

POSITIVE NEGATIVE FALSE POSITIVE

CONTRIBUTION TO G.B.F.

LOAN POSITION

	G.B.F.	D.T.A.	OTHER
1. Loan No.
2. Date of Loan
3. Amount of Loan
4. Period
5. Monthly Abat.
6. Last Abat. Received
7. Arrears loan Abt.
8. Arrears G.B.F. Cont.
9. Remarks

GRANT

	Rs	Rs
GRANT AMOUNT	
LESS ARREARS : G.B.F. Cont.	
Loan Abt.	
Amount paid into Bank		=====

PREPARED BY (Name): Post:..... Signature:..... Date :/...../.....

CHECKED BY (Name): Post:..... Signature:..... Date :/...../.....

APPROVED BY (Name): Post:..... Signature:..... Date :/...../.....