



BRN : C1000071

**THE MAURITIUS CIVIL SERVICE MUTUAL AID ASSOCIATION LTD**

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**MUTUAL AID FOUNDATION (MAF)**

**1.0 APPLICATION FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT IN MAURITIUS (MEMBERS ONLY)**

CIF No. of customer:

Surname (Mr/Mrs/Miss): ..... Surname at Birth: .....

First Name..... Place of Birth .....

Marital Status (Please tick): Single:  Married: Divorced: (evidence to be attached) Email : .....

Post Held..... Place of work .....

Tel. No. (Office)..... Tel. No. (Home)..... Mobile 5  
 No.

SN	Household Income	Rs
1	Applicant (Beneficiary)	
2	Spouse	
3	Son	
4	Daughter	
<b>Total income per month</b>		

Beneficiary name : .....

Relationship with beneficiary (please tick as applicable): (1) Spouse  (2) Son  (3) Daughter  (4) Father  (5) Mother

Medical Treatment for ..... (evidence to be attached).

Treatment to be effected (Please tick): Locally

Name of clinic:.....

Cost of medical treatment: MRU.....

Financing needed: MRU..... Expected date of medical treatment : ...../...../.....

Financial assistance received from the MAF so far : Yes  No

Bank Name..... Bank Branch.....

Bank A/c No.:

Home Address : .....

I hereby certify that the information furnished above is complete, true and accurate in all respects. Consequently, I hereby apply for a financial assistance for medical treatment from the Mutual Aid Foundation.

NIC NO. of applicant:

Signature of Applicant:..... Date : ...../...../.....

2.0

**OFFICE USE**

Is applicant blacklisted (please tick)? YES  NO

Reason(s) for blacklist (if applicable).....

Debtors section								
SN	Original Loan Amount (Rs)	Purpose of Loan	Term (Months)	Normal EMI (Rs)	Current EMI (Rs)	Arrears as at ..... (Rs)	Loan Balance as at ..... (Rs)	Loan type
1								
2								
3								

Name:..... Signature: ..... Post: ..... Date:.....

3.0 DOCUMENTS

SN	DOCUMENTS CHECKLIST	SUBMITTED (Yes / No)
1	Completed Application Form /Formal Letter by the beneficiary or parent of the beneficiary.	
2	Copy of NICs/birth certificate(s) of the beneficiary and parent of the beneficiary.	
3	Wedding certificate in case of marriage and for assessment of joint income.	
4	Payslip(s)/pension slip(s)/bank statements (if self employed) of income earners in the family	
5	Receipt of expenses if already paid	
6	Copy of Medical certificate certifying nature of medical treatment	
7	Quotation from the clinic /hospital for the medical treatment.	
8	Bank account number of the beneficiary as payment is effected by crossed cheque.	
9	Expected financing needed (expected cost less amount already received).	
10	Copy of recent utility bill for address purpose.	

	Name	Signature	Post	Date
Maker				
Checker				

4.0 APPROVAL

By MAF Committee on ...../...../..... By Mauritius Civil Service Mutual Aid Association Ltd Board on ...../...../...

5.0 ACKNOWLEDGEMENT RECEIPT

Cheque No. :	Bank :
Received by (name):	Signature: _____ Date: _____

6.0 INFORMATION SHEET

SN	CRITERIA	DETAILS	REMARKS
2	Scheme Effective date is May 02, 2024.	Open to <u>members</u> of the MCS Mutual Aid Association Ltd only and beneficiary should <u>not</u> be beneficiary of any medical scheme.	Only members who are facing financial difficulties are eligible for any grant subject to proper assessment.
1	Income	Household Income should <u>not</u> exceed Rs75,000 per month and the beneficiary must provide receipts after effecting necessary payments.	Household Income to be calculated as follows: ( <u>net pay</u> as per payslips of both spouse and son/daughter working who stay together and other loan deductions from MCIB report <u>not to be</u> considered)
2	Treatment	In any clinic in Mauritius or Rodrigues	On submission of recent valid quotation
3	Medical prescription	A medical doctor from the clinic to certify need for treatment	-
4	Frequency of treatment	One off only	Repeated request to be considered on case to case basis after a lapse period of at least 2 years from 1 <sup>st</sup> payment