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**MINISTRY OF SOCIAL SECURITY, NATIONAL SOLIDARITY, SENIOR CITIZENS WELFARE &  
REFORMS INSTITUTIONS**

**1st FLOOR – RENGANADEN SEENEEVASSEN BUILDING, CR J. KOENIG & MAILLARD  
STREETS, PORT LOUIS**

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**NATIONAL SAVINGS FUND**

**APPLICATION FOR LUMP SUM**

CENTRE	DATE APPLIED
SURNAME	DATE OF RETIREMENT
OTHER NAMES	REASON ( IF ANY)
MAIDEN NAME	NIC NO.
ADDRESS	DATE OF BIRTH

TEL NO.

**IN CASE OF DEATH OF THE EMPLOYEE**

**DATE OF DEATH**

SURNAME OF APPLICANT	RELATION TO EMPLOYEE
OTHER NAMES	DATE OF BIRTH
MAIDEN NAME	NICNO
ADDRESS	TEL NO

**EMPLOYMENT DETAILS**

EMPLOYMENT DETAILS OF EMPLOYEE

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**PAYMENT INTO BANK**

ACCOUNT NO.

NAME OF BANK

ADDRESS OF BANK

I HEREBY APPLY FOR THE REFUND OF CONTRIBUTIONS MADE TO THE NSF  
SINCE 01/07/1994.

DATE

SIGNATURE OF EMPLOYEE/APPLICANT

NAME/SIGNATURE OF REGISTRATION OFFICER