

MAURITIUS EX-SERVICES TRUST FUND

DECLARATION FORM FOR ASSISTANCE

File No. _____

Army No. _____

1. Surname (in block letters) _____

2. Other Names _____

3. Full Home Address _____

_____ Age _____ Tel. No. _____

4. Next of Kin _____

Nature of Application: -

- (a) Monthly Financial Assistance
- (b) Medical Grant
- (c) Assisting Devices
- (d) Surgical Grant
- (e) Widows Grant

(Tick as appropriate)

I hereby declare that the above declaration made by me is true.

Dated this _____ day of _____

*Applicant's Signature
or
Thumb Mark*

OFFICE

COMMITTEE'S DECISION

Date of payment _____

Signature _____