# MAURITIUS EX – SERVICES TRUST FUND

The Secretary
Mauritius Ex-Services Trust Fund
Port Louis

Date _____

I hereby authorize you to hand over my pension / widow's grant / Funeral grant / Medical grant for the month of _____ , 200 __ to Mr./Mrs./Miss _____ my _____ who will sign the pay sheet on my behalf.

Signature of Proxy _____

Signature or Thumb Print of Ex-Serviceman _____

NID | | | | | | | | | | | | | | |

Army Number _____

Name in Full _____

_____

_____

Name _____

_____

_____

Address _____

_____

_____

Address _____

_____

_____