



Application Form LOAN FOR PEOPLE WITH DISABILITIES

The EWF reserves the right to reject any application not satisfying the general requirements

Incomplete form will not be accepted

PART I Details of Applicant & Beneficiary

Surname: _____ Mr. Mrs. Miss Maiden Name: _____

Name: _____ N.I.C No

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Address: _____

Tel: _____ (Home) _____ (Office) _____ (Mob) Email: _____

Occupation: _____ No. of years in service: _____ Permanent Contractual Temporary

Name & Address of Employer: _____ Salary :Rs _____

Beneficiary (if other than applicant)

Surname: _____ Mr. Mrs. Miss Maiden Name: _____

Name: _____ National Identity No: _____

Email Address: _____ Tel No: Residence: _____ Mob: _____

LOAN DETAILS

Purpose of loan : _____ Have you any previous loan with EWF? Yes No

Amount applying for: Rs _____ Have you ever guaranteed any other applicant at EWF?

Repayment Period: _____ yrs Yes No *If Yes, please give details* _____

- 1) I am fully aware of the provisions applicable under the Data Protection Act. The purpose of data collection is to process the loan. I consent that you use, update and process the data and keep the details given to you in a database. It is mandatory to provide data, else the EWF will not process the loan.
- 2) I hereby authorise the Fund to make necessary enquiry from the Mauritius Credit Information Bureau (MCIB) regarding any loan facilities previously granted to me by any financial institution in Mauritius and to provide the MCIB with relevant information on the present loan facilities. The loan amount approved will be based on my credit profile and that of my guarantor(s).
- 3) I undertake to inform immediately in writing the EWF in case of any changes in the personal data provided above.

Signature: _____ Date: ____/____/____

PART II Details of Guarantor (Note: Spouse cannot act as guarantor)

Surname: _____ Mr. Mrs. Miss Maiden Name: _____

Name: _____ N.I.C No

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Address: _____

Tel: _____ (Home) _____ (Office) _____ (Mob) Email: _____

Occupation: _____ Name & Address of Employer: _____

Permanent Contractual Temporary Salary :Rs _____ No. of years in service: _____

Have you ever guaranteed any other applicant? Yes No *If Yes, please give details* _____

Undertaking

As guarantor, I shall bind myself jointly and in solido to repay in full to the Employees Welfare Fund, through Salary Deduction Authority/Bank Standing Order, any amount which may be due to the Fund in respect of the loan and the interest thereon, should the borrower fail to honour his/her commitment immediately when it becomes due or otherwise fail to repay the said loan in terms of the agreement signed with the Fund. I agree to stand as sole guarantor and undertake to inform in writing the Employees Welfare Fund in case of any changes in the personal data provided above.

.....
Please write in words starting with "Good for the sum of rupees" and in your own handwriting the amount of loan contracted*

Guarantor's Signature: _____ Date: ____/____/____

Any other regular source of income:

(a) Monthly Rent :Rs.
 (b) Interest on Fixed Deposit :Rs.
 (c) Part Time Job :Rs.
 Others (please specify) :Rs.

Total Income :Rs.

ASSETS:

Land & Residence : TV No.:.....
 Other Immoveable properties : TV No.:.....
 Interest in undivided properties : TV No.:.....

Existing Loan /other Financial Commitments:

(All information submitted will be included in the Loan Agreement for registration purposes- Reg. Duty Act 2012)

Institution	LoanAmount(Rs)	Date contracted	Monthly refund (Rs)	Ending date
MHC				
Mutual Aid				
Bank/Assurance				
Hire Purchase				
Monthly Rent				
Others (Specify):				
.....				

No. of children:..... Age:.....

Total Expenses :Rs

Net Available Fund :Rs.....

I/We formally declare that the statements are true and correct and hereby undertake to :

1. Disclose to the Employees Welfare Fund in writing any subsequent credit facility that may be applied for by me/us or granted to me/us by any other lending institution
2. Immediately inform the Employees Welfare Fund and my guarantor/s, if any, should I/we be unable to repay any instalment due to the Fund.
3. (In case of loans to husband and wife) be jointly and severally responsible, any one of us to be alone responsible, for the repayment of the sums due subsequent to the loan granted to us following these present.

Name of Applicant: **Signature:**

ID No.: **Date:**/...../.....

Name of Applicant's Spouse: **Signature of Applicant's Spouse:**

Maiden Name (if applicable)..... **ID No.:** **Date:**/...../.....

Business Place/Work Place Address:

Residential Address:

Declaration received by Mr./Mrs./Miss:of EWF Date:...../...../.....

LOAN FOR PEOPLE WITH DISABILITIES

LIST OF COMPULSORY DOCUMENTS REQUIRED (COPY & ORIGINAL)		Office Use Only	
SN	REQUIREMENTS -APPLICANT	Requested	Received
1	Statement of NSF Contributions from the Ministry of Social Security (Private Institutions & Parastatal Bodies)		
2	Certificate from Employer Or Certificate from Ministry(In permanent post, date joined in, not on LWP, not under report, seal of Company)		
3	Recent payslip (last pay)		
4	National Identity Card (NIC) of Applicant and Beneficiary (where applicable)		
5	Marriage Certificate (where applicable)		
6	Proof of address (Recent CWA or CEB Utility Bill)		
7	Bank account number for disbursement (If repayment is through Bank Standing Order, to provide Bank Statement where salary is credited)		
8	Quotation from Supplier /Medical Practitioner/ Medical Institution		
9	Processing fee of Rs.500 (on application -non refundable) Administrative fee(on disbursement): Rs.500		
	REQUIREMENTS - GUARANTOR		
1	Recent pay slip (last pay)		
2	National Identity Card (NIC)		
3	Marriage Certificate (if applicable)		
4	Proof of address (Recent CWA or CEB Utility Bill)		
5	If repayment is through Bank Standing Order, to provide Bank Statement where salary is credited		
6	Certificate from Employer / Ministry (In permanent post, date joined in, not on LWP, not under report, seal of Company)		

IMPORTANT NOTES FOR APPLICANT & GUARANTOR

1. Only working members who have been in a permanent and pensionable establishment for at least 1 year.
2. Amount approved shall be based on repayment capacity and credit profile of the applicant and guarantor.
3. Net Salary remaining for applicant and guarantor after loan repayment should be Rs.8,000 or half net pay (whichever is the highest).
4. Disbursement shall be made only after completion of all formalities.

OFFICE USE ONLY

Revenue (Rs)	Applicant	Spouse	Total	Guarantor
Salary				
Other Income				
Deduction				
Payslip				
Declaration /Guarantor				
Net Pay				
Repayment Capacity				
<p>Taken by :..... Input by:..... Examined by:.....</p> <p>Date...../...../..... Date...../...../..... Date...../...../.....</p> <p>Signature : Signature : Signature :</p>				



Schedule of Loan Repayment
EWF - Loan for People with Disabilities

Amount of Loan (Rs.)	Rep. Period (Months)	Rep. Period (Years)	4.0%
			Month Repayment (Rs.)
15,000	48	4	338.69
25,000	48	4	564.48
30,000	48	4	677.37
35,000	48	4	790.27
50,000	48	4	1,128.95
65,000	48	4	1,467.64
75,000	48	4	1,693.43
85,000	48	4	1,919.22
90,000	48	4	2,032.11
100,000	60	5	1,841.65
110,000	60	5	2,025.82
125,000	60	5	2,302.07
140,000	60	5	2,578.31
150,000	72	6	2,346.78
160,000	72	6	2,503.23
175,000	72	6	2,737.91
185,000	72	6	2,894.36
190,000	72	6	2,972.58
200,000	84	7	2,733.76
215,000	84	7	2,938.79
225,000	84	7	3,075.48
230,000	84	7	3,143.83
240,000	84	7	3,280.51
250,000	96	8	3,047.32
265,000	96	8	3,230.16
275,000	96	8	3,352.05
280,000	96	8	3,413.00
290,000	96	8	3,534.89
300,000	96	8	3,656.78