



Application Form MEDICAL LOAN

MED/03
01/08/2024

The EWF reserves the right to reject any application not satisfying all the requirements.
Incomplete form will not be accepted.

PART I DETAILS OF APPLICANT

Surname: _____ Mr. Mrs. Miss Married Single Maiden Name: _____
Name: _____ N.I.C No

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Address (as per Proof of Utility Bill): _____
Tel: _____(Home) _____(Office) _____(Mob) Email: _____
Occupation: _____ Permanent Contractual Temporary No. of years in service: _____
Name & Address of Employer: _____ Salary: Rs _____

PATIENT AND SURGERY DETAILS

Name of Beneficiary: _____ Relationship with Applicant: _____
Nature of Surgery: _____ Date of Surgery: _____
Name and Country of Medical Institution: _____

LOAN DETAILS

Amount Applying for: Rs _____ Have you any previous loan with EWF? Yes No
Repayment Period: _____ years Have you ever guaranteed any other applicant at EWF? Yes No
If Yes, please give details _____
Inhouse Loan Cover Scheme (at EWF): Yes No Other Recognised Institution (DTA)
Applicant Signature: _____ Date: ___/___/___

PART III DETAILS OF GUARANTOR (NOTE: SPOUSE CANNOT ACT AS GUARANTOR)

Surname: _____ Mr. Mrs. Miss Married Single Maiden Name: _____
Name: _____ N.I.C No

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Address (as per Proof of Utility Bill): _____
Tel: _____(Home) _____(Office) _____(Mob) Email: _____
Occupation: _____ Permanent Contractual Temporary No. of years in service: _____
Name & Address of Employer: _____ Salary: Rs _____

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

I am aware that the applicant has opted /not opted for the Inhouse Loan Cover Scheme.
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.

Please write in figures and words *starting with "Good for the sum of rupees" and in your own handwriting the amount of loan applied for.
Amount in figures: Rs _____
Amount in words: _____
Guarantor's Signature: _____ Date: ___/___/___

PART IV APPLICANT AND GUARANTOR

- 1) We are 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) We authorise the Fund to make necessary enquiry from the Mauritius Credit Information Bureau (MCIB) regarding any loan facilities previously granted to us 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 our credit profile.
 - 3) We undertake to immediately inform the EWF in writing in case of any changes in the personal data provided above.
 - 4) We are also fully aware in case we provide falsified/forged information/documents, the EWF reserves the right to report the matter to the competent authorities as it deems necessary.
- Applicant Signature : _____ Date : ___/___/___ Guarantor's Signature: _____ Date: ___/___/___

INFORMATION REQUIRED AS PER BORROWER PROTECTION ACT 2007

Basic Salary (As per salary slip) : Applicant - Rs _____ Spouse - Rs _____

Any other regular source of income:

(a) Monthly Rent : Rs _____ Rs _____

(b) Interest on Fixed Deposits: Rs _____ Rs _____

(c) Part-Time Job : Rs _____ Rs _____

Others (Please Specify): Rs _____ Rs _____

**Grand Total
(H&W)**

Total Income: Rs _____ Rs _____ 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	Loan Amount (Rs)	Date contracted	Monthly refund (Rs)	Ending date
MHC				
Mutual Aid				
Bank/ Assurance				
Hire Purchase				
Monthly Rent				
Others (Specify): _____				

No. of children: _____ Age(s): _____

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 or granted to me by any other lending institution
2. Immediately inform the Employees Welfare Fund and my/our guarantor/s, if any, should I 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: _____

NIC No.:

Date: ___/___/___

Name of Applicant's Spouse: _____

Signature of Applicant's Spouse: _____

Maiden Name (if applicable): _____

Date: ___/___/___

NIC No.:

Occupation and Place of work (spouse): _____

PART VI

MEDICAL LOAN

List of compulsory documents required (copy & original)

Incomplete forms or forms not accompanied by necessary documents will not be accepted

REQUIREMENTS FOR APPLICANT		For Office use only	
		Requested	Received
1	Statement of NSF Contributions for Private & Parastatal employees (Available at any Social Security Office). (At least 12 months NSF Contribution for Current Job)		
2	Letter or Certificate of employer/company/ministry stating that you are in a permanent & pensionable post, date joined in , not under report, not on leave without pay, seal of company (Valid for 1 month) as per Format attached		
3	Payslip of Applicant (Recent) ; For other fixed revenue –6 months’ consecutive pay-slips/ e-payslip with seal, certified correct & signature		
4	Identity Card for applicant - Recto Verso		
5	Marriage certificate (if applicable) - (A4 format)		
6	Proof of address (Recent CWA/CEB Utility Bill/Mauritius Telecom) not more than 3 months old in the name of applicant. (To submit Proof of Address as per Application Form)		
7	Bank account number for disbursement (If repayment is through Bank Standing Order, to provide Recent Bank Statement with seal where salary is credited)		
8	Evidence of loan purpose: <ul style="list-style-type: none"> • Medical certificate specifying illness/treatment/surgery • Medical expenses -Invoice from private clinics ID/Birth Certificate/Marriage Certificate of Beneficiary		
9	Processing fees: Rs700 (on application non-refundable) Administrative fees: Below Rs150,000 - Rs500 (On disbursement) Rs150,000 to Rs300,000 - Rs1,000		
FOR GUARANTORS (NOTE: Spouse cannot act as guarantor)			
1	Letter or Certificate of employer/company/ministry stating that you are in a permanent & pensionable post, date joined in , not under report, not on leave without pay, seal of company (Valid for 1 month) as per Format attached		
2	Payslip of Guarantor (Recent); For other fixed revenue –6 months consecutive pay-slips/e-payslip with seal, certified correct & signature		
3	If repayment is through Bank Standing Order, to provide Recent Bank Statement with seal where salary is credited		
4	Proof of address (Recent CWA/CEB Utility Bill/Mauritius Telecom) not more than 3 months old in the name of Guarantor (To submit Proof of Address as per Application Form)		
5	Marriage certificate for Guarantor (if applicable) - (A4 format)		
6	National Identity Card for Guarantor - Recto Verso		

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.
4. Disbursement shall be made only after completion of all formalities.

OFFICE USE ONLY		
Revenue (Rs)	Applicant	Guarantor
Salary		
Other Income		
Deduction		
Payslip		
Declaration / Guarantor		
Net Pay		
Repayment Capacity		
Application taken by: _____ Input by: _____ Examined by: _____ Date: ___/___/____ Date: ___/___/____ Date: ___/___/____ Signature: _____ Signature: _____ Signature: _____		



**EWF - Medical Loan -
Schedule of Loan Repayment**

5% Amount of Loan (Rs.)	Rep. Period (Months)	Rep. Period (Years)	Monthly Instalment (Rs.)
25,000	48	4	575.73
40,000	48	4	921.17
50,000	48	4	1,151.46
60,000	48	4	1,381.76
75,000	48	4	1,727.2
100,000	60	5	1,887.12
125,000	60	5	2,358.90
140,000	60	5	2,641.97
150,000	72	6	2,415.74
160,000	72	6	2,576.79
175,000	72	6	2,818.36
185,000	72	6	2,979.41
200,000	84	7	2,826.78
225,000	84	7	3,180.13
250,000	96	8	3,164.98
275,000	96	8	3,481.48
280,000	96	8	3,544.78
300,000	96	8	3,797.98