



Application Form LOAN FOR PEOPLE WITH DISABILITIES

DIS/02
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 & BENEFICIARY

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 _____

BENEFICIARY (If other than applicant)

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

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Email: _____ Tel No: _____ Mobile: _____

PART II 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? Yes No
Repayment Period: _____ years If Yes, please give details _____
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 _____
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 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): _____

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	Verification
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	Quotation from Supplier /Medical Practitioner/ Medical Institution		
9	Processing fee of Rs.500 (on application -non-refundable)		
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	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 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	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: _____		



**EFW - Loan for People with Disabilities -
Schedule of Loan Repayment**

4.0%	Rep. Period (Months)	Rep. Period (Years)	Monthly Instalment (Rs.)
Amount of Loan (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