



Application Form EWF Covid19 Relief Scheme

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

PART I Details of Applicant

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

Name: _____ N.I.C No

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Address: _____

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

Occupation: _____ Permanent Contractual Temporary

No. of years in Employment: _____

Name of Employer: _____

Address of Employer: _____

Actual Salary: Rs _____

Loan Type/s:

Education Car Motorcycle Welfare Green Medical Loan for People with Disabilities MES

Customer No.: _____

Loan Account No.: _____ / _____ / _____

Facility being requested: (Please select **one option Only**)

- (i) Moratorium period of Months (*maximum 6 months*)
- (ii) Payment of interest Only over months (*maximum 6 months*) **by extending** the initial loan period by same number of months
- (iii) Payment of interest Only over months (*maximum 6 months*) **without extending** the initial loan period.

Reason(s) for the request:

I hereby acknowledge that the initial loan agreement signed will be adjusted in light of the above request. I, also hereby, authorise EWF to proceed with the present request under same terms and conditions applicable at the time of application in respect of enquiry from the Mauritius Credit Information Bureau (MCIB) and of the provisions applicable under the Data Protection Act.

Once the request has been received, it will be subject to approval on a case to case basis. The EWF reserves the right to approve or reject any request.

I am/am not/under report/involved in a police case/under prosecution before a court of law/subject to any freezing order.

Signature: _____

Date: ___/___/___

Guarantor Consent:

As guarantor(s), I/we hereby give my/our full consent for the above-mentioned request of payment facility.

Signature: _____

Date: ___/___/___

Signature: _____

Date: ___/___/___

PART II List of Document to be submitted

LIST OF COMPULSORY DOCUMENTS REQUIRED (COPY & ORIGINAL)		Office Use Only	
SN	REQUIREMENTS -APPLICANT - Salaried	Requested	Received
1	Recent Payslip		
2	Letter of Employer (Termination of employment, reduction in salary, Leave without Pay, etc)		
SN	REQUIREMENTS -APPLICANT - Self-employed		
1	Latest MRA return		
2	Bank statements for the past 6 months where personal income is credited		

OFFICE USE ONLY (Repayment Capacity)

Revenue (Rs)	Applicant	Spouse	Total	Guarantor
Salary				
Other Income				
Deduction				
Payslip				
Declaration /Guarantor				
Net Pay				
Repayment Capacity				

Taken by :..... Input by:..... Examined by:.....
 Date...../...../..... Date...../...../..... Date...../...../.....

Signature :

Signature :

Signature :

Approval:

..... Date: