



STATE ALLOWANCE FOR RETIRED ATHLETES

REGISTRATION FORM

TO BE COMPLETED BY APPLICANT			
SURNAME <i>(in capital letters)</i>			
OTHER NAMES <i>(in capital letters)</i>			
MAIDEN NAME (if applicable) <i>(in capital letters)</i>			
NIC			
GENDER	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Others: <input type="checkbox"/>
POSTAL ADDRESS <i>(in capital letters)</i>			
E-MAIL ADDRESS			
TEL NO:	MOB NO:

NOTE: ONLY THE HIGHEST MEDAL OBTAINED FROM EVENTS LISTED BELOW, WILL BE TAKEN INTO CONSIDERATION

Along with this form, please attach a copy of:

- o New Mauritian ID card or valid Mauritian passport or birth certificate (*less than 3 months*)
- o Mauritian Bank Account
- o Character certificate
- o A certified result slip from the International Federation concerned

EVENT	MEDAL WON AND YEAR
Olympic Games	
Paralympic Games	
World Championships	
Commonwealth Games/Championships	
Francophone Games	
African Games/ Championships	

I hereby solemnly declare and affirm that:

- **The particulars mentioned above are correct**
- **I am a Mauritian citizen of more than 35 years of age**
- **I have retired from active sports career at national and international level**
- **I have not been convicted of criminal offence or doping**
- **I have not brought disrepute to the sports sector and the Motherland**

Date:

Signature of Applicant:

NOTE: only originals of requests form with signature will be taken into consideration

DECLARATION:

Name of the Federation:

Represented by:

(Name of Signatory)

I hereby solemnly declare and affirm that the particulars mentioned in this request form are correct.

.....
(Signature)

.....
(Seal of the Federation)

Date:

***** OFFICE USE:** Not Approved/Approved at Board Meeting of:

Authorised Signature: Position: Date:

Seal