

**Annex 1**

**MAURITIUS FIRE AND RESCUE SERVICE**  
14, Deschartres Street, Port Louis  
Tel: 212-0214/15  
Fax: 208-3875  
E-mail: mfrs\_headoffice@govmu.org

**Second Schedule**  
**Regulation 3**  
**APPLICATION FORM FOR SPECIAL ASSISTANCE**

**Office Use:**  
Date Received: .....  
Application No.: .....  
Processed by: .....  
Receipt No.: .....

I, the undersigned hereby apply for Special Assistance to be effected in respect of the premises of which details are given below.

Name of applicant (Mr. / Mrs. / Miss): .....

Company/ organization: .....

Address: .....

Telephone Number: ..... Mobile Number: ..... Fax: .....

National Identity Card Number: ..... E-mail address: .....

Category of Special Assistance: .....

Date of event: ..... Time of event: ..... Duration: .....

Name and address of contact person on site: .....

.....

Telephone Number: ..... Mobile Number: .....

Name and address where Special Assistance to be effected: .....

.....

Number of occupants: .....

Has the premises been issued with a Fire Certificate/ Fire Clearance? Yes  No  If yes, copy is to be attached. N/A

Special hazards present: .....

Quantity of water requested: .....

**I undertake to pay all charges for the Special Assistance and comply with the conditions imposed by the Chief Fire Officer.**

Date: .....

Signature: .....

Status: .....

**Approved**  **Not Approved**

Officer: .....

Rank: .....

Date: .....

Signature: .....