



MINISTRY OF ARTS AND CULTURAL HERITAGE

*7th Floor, Renganaden Seeneevassen Building Cnr Pope Hennessy & Maillard Streets,
Port Louis, Republic of Mauritius Tel: 212 2112/ 9993; Fax: 211 0681*

COVID 19 - ARTISTS SUPPORT PLAN 2021

Purchase of Painting & Sculpture

APPLICATION FORM

1. General Information

Title (Mr./Mrs./Miss):

Surname (Block letters):

Other Names:

National Identity Card No.:

Residential Address:

Tel: Mobile : Fax :

E-mail :

Occupation:

Nationality:

2. Project (Please tick only one as appropriate):

(i)	Purchase of Painting	<input type="checkbox"/>
(ii)	Purchase of Sculpture	<input type="checkbox"/>

3. Have you applied for any other scheme in the Covid 19- Artists Support Plan 2021 or made any other request for assistance for the implementation of any project with this Ministry?.....

If yes, Please Specify in which category:

4. I/we hereby certify that all the information submitted above is true, complete and accurate.
5. I understand that:
 - (i) application not made in the prescribed form; or
 - (ii) if information submitted is inaccurate, omitted, falsified or incomplete; or
 - (iii) failure to submit relevant details and annexures may lead to non-consideration or disqualification of the application.
6. I further confirm having read the guidelines and I am agreeable to the contents thereof and shall comply to the decision of the Ministry of Arts and Cultural Heritage.
7. I fully understand that the current application does not imply that I will automatically be eligible for a financial assistance from the Ministry.
8. The Ministry reserves the right not to purchase any artwork following this call for proposals.

Date:

Signature:

-----*For Official Use only*-----

Copy of National Identity Card of applicant	<input type="checkbox"/>
Documentary evidence of experience of the artist catalogue / portfolio of artist's works	<input type="checkbox"/>
Coloured photograph of the painting / sculpture along with details (dimensions, title and History of the painting / sculpture)	<input type="checkbox"/>

Remarks:

Date:

Name/Signature of Officer.....