



**WORKERS' COMPENSATION FUND CONTROL BOARD
HOUSE PURCHASE APPLICATION FORM**

PERSONAL DETAILS	
Name of Applicant	
N.R.C Number/Company Registration Number (Certified Copy of Proof of Registration)	
Contact Number	
Postal Address	
Email Address	
Physical/Residential Address	
Proposed Form of payment	
Semi- Detached- (3 Bedrooms, MSC, Kitchen, Dining & Lounge)	
REFERENCE	
Name	
Residential Address	
Employer name and physical address	
Contact numbers	
E-mail Address	