

# SOCIAL WELFARE

# EXAMPLE

## REQUEST FORM

Name: ..... ALPHA DIALLO .....

Alien book/ Confirmation Letter: ..... 05 81812345 .....

File Number: 10-..... 12345 .....

Telephone number: ..... 95 123456 .....

Name of Social Worker: ..... SOCIAL WORKER'S NAME .....

Date: ..... JANUARY 1, 2022 .....

Request:

- 1. Coupons
- 2. Pocket Money

I HAVE NOT RECEIVED MY  
CHEQUE IN NOVEMBER  
(OCTOBER BENEFITS)

3. Submit: (Please note):

- a. Labor Card
- b. Rental Agreement
- c. Medical Report
- d. Salary Advice
- e. Appeal Documents


f. Change of Address or/and Phone Number:

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g. Other: .....

THANK YOU

Note: For FIRST VISIT you have to fill an Application Form only.