



HUMAN RESOURCE DEVELOPMENT COUNCIL

HRDC, 4th Floor, NG Tower, Ebene Cybercity. Tel No: 454 4009. Fax No: 454 6220/6260

Website: www.hrdc.mu

FORM G12

**APPLICATION FORM FOR REFUND UNDER
FOREIGN EXPERTISE SCHEME**

SECTION 1: TRAINING CENTRE

- 1.1 Name of MQA registered Training Centre:
- 1.2 Registered Address:
- 1.3 Tel: Fax:
- 1.4 E-mail address (For all future correspondences from HRDC):

SECTION 2: COURSE DETAILS

- 2.1 Course Title:
- 2.2 Course Dates:
- 2.3 Total Cost:

SECTION 3: BANK DETAILS

- 3.1 Name of Bank:
- 3.2 Branch:
- 3.3 Account Name:
- 3.4 Account Number:



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SECTION 4: DECLARATIONS

We declare that the facts stated in this application and the accompanying information are true and correct to the best of our knowledge and that we have not withheld/distorted any material fact.

We understand that if we obtain the grant by false or misleading statements, the HRDC may, at its discretion,

- 1 Withdraw the grant and recover immediately from us any amount of the grant that may have been disbursed
- 2 Take any other action deemed necessary

.....
Name

.....
Designation

.....
Signature

.....
Date

SECTION 5: DOCUMENTS TO BE SUBMITTED

Documents enclosed (please tick below)	
1	Copy of relevant invoices and receipts/bank transfer (if payment is made in foreign currency)
2	Return of actual Income and expenditures supported by list of participants, NIC number and Name of sponsoring employer
3	Copy of course materials

Please note that all sections of the application must be completed and accompanied with the above documents or else application would not be considered.