

# SEAFARERS' WELFARE FUND

4<sup>th</sup> Floor, Trevecca House, Mer Rouge, Port Louis  
Tel No.: 218-8949 Fax No.: 218-6099  
Website: [swf.govmu.org](http://swf.govmu.org)

## APPLICATION FORM

### Birthday Gift

#### **SECTION I**

(To be filled by seafarer)

Surname of Seafarer .....

Other Name(s) : .....

Discharge Book No.: Mau .....

Bank Name: .....

N.I.C. 

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Bank Account No.: .....

Age: .....

Address: ..... Phone Number : .....

.....

#### **SECTION II**

I, Mr./Mrs./Miss .....hereby declare that the information I have given on this form is true and correct.

Date: .....

Signature: .....

**NB: No Claim will be considered unless the claim form is presented within six (6) months of last birthday.**

Documents to be submitted with application form if not yet

- Discharge Book of the Seafarer
- Copy of Birth Certificate
- National Identity Card of Seafarer
- Proof of Address

**SECTION III (For Official Use)**

Mr./Miss/Mrs..... is a bona fide Retired / Active  
seaman holder of Discharge Book MAU .....

Signature.....

*(Welfare Liaison Officer)*

Date:.....

**Remarks of Claims Committee (if any)**

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Age: .....

Recommended amount (Rs): .....

Prepared by: .....

Date: .....

**Decision:**

<b>Approved</b>	<b>Not approved</b>
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Approved amount in  
words.....

Signature .....  
*Chairman                  Member                  Member                  Member                  Member*

Date: .....