## SEAFARERS' WELFARE FUND

4<sup>th</sup> Floor, Trevessa House, Mer Rouge, Port Louis Tel No.: 218-8949 Fax No.: 218-6099 Website: swf.govmu.org

## **APPLICATION FORM**

## **DEATH GRANT**

## SECTION I

Surname of Late Seafarer	Surname of spouse/next to kin:						
Other Name(s):	Other Name(s)						
N.I.C.	N.I.C.						
Discharge Book No.: Mau							
Address:							
Contact Number:							
Date of Death of Seafarer:							
ank Name: Bank Account No.:							
SECTION II							
I, Mr./Mrs./Miss	being						
the (ir	(immediate heir/next to kin) of late						
Mr./Mrs.	declare that the information I have given						

on this form is true and correct and solemnly declare that I am not covered by any such scheme.

Signature:....

Date: .....

Photostat copies of documents to be submitted with application form

- Birth Certificate and Marriage certificate of the Seafarer
- National Identity Card of Seafarer
- National Identity Card of Applicant
- Death Certificate of seafarer
- Birth certificate of the son/daughter of seafarer
- Affidavit (if applicable)

NB: No Claim will be considered unless:

(a) If the check list above is enclosed

(b) The claim form is presented within six (6) months of date of death.

	I (For Official Us				
					as a bona fide Retired
/ Active sea	man holder of Dis	charge Book MAU			
		C	• • • • • • • • • • • • • • • • • • • •		
		(	Welfare Liaisor	n Officer)	
Date:					
Romarks of Cl	aims Committee (i	f anv)			
Kemai KS OF CI		<u>1 any /</u>			
			••••••	••••••	••••••
Recommende	d amount (Rs):				
Prepared by: .		Da	te:		
<b></b>					
Decision:	Approved	Not approved			
Approved o	mount in				
Approved a					
words			•••••	• • • • • • • • • • • • • • • • • • • •	
Signature					
	Chairman	Member	Member	Member	Member
Date:					