



**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.**

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**SECTION III (For Official Use)**

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

Signature.....

*(Welfare Liaison Officer)*

Date:.....

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

.....  
.....

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: .....