## 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 (SPOUSE)**

## SECTION I

Surname of Seafarer	Surname of late Spouse:					
Other Name(s):	Other Name(s)					
N.I.C.	N.I.C.					
Discharge Book No.: Mau						
Address:						
Contact Number:						
Date of Death of Spouse:						
Bank Name: Bank Account No.:						
SECTION II						
I, Mr./Mrs						
and being the	of late					
Mr./Mrs	declare that the information I have given or					
this form is true and correct and solemnly d	leclare that I am not covered by any such scheme.					
Signature:	Date:					

Copies of documents to be submitted with application form

- Birth Certificate and Marriage certificate of the Seafarer
- National Identity Card of Seafarer
- Death Certificate of seafarer's Spouse
- Affidavit (if applicable)

NB: No Claim will be considered unless:

- (a) If the check list above are enclosed
- (b) The claim form is presented within six (6) months of date of death.

SECTION III	(For Official Us	e)			
Deceased M	Ir./Miss/Mrs			wa:	s a bona fide Retired
/ Active sear	nan holder of Dis	charge Book MAU			
		Signature			
		(	Welfare Liaison	Officer)	
Date:					
Remarks of Cla	aims Committee (i	<u>f any)</u>			
• • • • • • • • • • • • • • • • • • • •			•••••		
Recommended	d amount (Rs):				
Prepared by:		Da	te:		
<b>Decision:</b>	Approved	Not approved			
Approved an	nount in				
, ,					
Signature			 Memher	 Member	 Member
				220501	
Date:					