

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 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)

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.....

Recommended amount (Rs):

Prepared by:

Date:

Decision:

Approved	Not approved
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Approved amount in

words.....

Signature

Chairman

Member

Member

Member

Member

Date: