

# SEAFARERS' WELFARE FUND

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

## APPLICATION FORM

### **Refund of 80% of Cost of Dental Treatment for SPOUSE**

(Maximum Rs 10,000 per calendar year)

#### **SECTION I**

(To be filled by seafarer)

Surname of Seafarer ..... Other Name(s) : .....

Name of Spouse: .....

Discharge Book No.: Mau ..... Bank Name:.....

N.I.C. 

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 Bank Account No.:.....

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

.....

I hereby apply for a refund of 80% of the cost of dental treatment and agree to abide by the rules as laid down in the dental treatment scheme provision. I am enclosing originals of the following documents: -

- *Doctor's Certificate regarding nature of treatment*
- *Original receipts and prescriptions*
- *Detailed pharmacy bill (where applicable)*
- *Detailed laboratory invoice (where applicable)*

#### **SECTION II**

I, Mr./Mrs./Miss .....hereby 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. I, also, authorize any medical practitioner to disclose to Seafarers' Welfare Fund any information regarding this claim.

Date: .....

Signature: .....

**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 last consultation.

Documents to be submitted with application form if not yet

- Copy of Discharge Book of the Seafarer
- Copy of Birth Certificate
- Copy of 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)**

.....  
.....

Entitled balance for year .....: Rs.....

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: .....