## SEAFARERS' WELFARE FUND

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

APPLICATION FORM

## **Refund of 80% of Cost Medical Treatment (local)**

## for legitimate Spouse

## Maximum Rs 17,000 (Retired only) (Every Calendar Year)

~				
	ш	$^{\prime\prime}$	т	т
		 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N	Н.

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.	Bank Account No.:
Address:	Phone Number :
<ul> <li>Doctor's Certificate with mention of nature of</li> <li>Original receipts and prescriptions</li> <li>Detailed pharmacy bill (where applicable)</li> <li>Detailed laboratory invoice (where applicable)</li> </ul>	ental treatment and agree to abide by the rules as laid am enclosing originals of the following documents: -  illness/diagnosis
SECTION II	
I, Mr./Mrs./Miss	hereby declare that the information I
have given on this form is true and correct and s	colemnly declare that I am not covered by any such

scheme. I, also, authorize any medical practitioner to disclose to Seafarers' Welfare Fund any information

NB: No Claim will be considered unless:

regarding this claim.

Date: .....

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

Signature: .....

Documents to be submitted with application form if not yet

- Copy of Discharge Book of the Seafarer
- Copy of Birth Certificate
- Copy of Marriage CertificateCopy of National Identity Card of Seafarer

SECTION	III (For Official <b>l</b>	Jse)			
Mr./Miss/M	rs			is a bona f	ide Retired / Active
seaman ho	older of Discharge	e Book MAU			
		Signature	ə		
			(Welfare Liaisor	ı Officer)	
Date:					
Remarks of C	laims Committee	(if any)			
• • • • • • • • • • • • • • • • • • • •			•••••		
Entitled balar	nce for year	: Rs			
Recommende	ed amount (Rs):	•••••			
Prepared by:		Da	ate:		
<b>Decision:</b>	Approved	l Not approved	i		
Approved a					
Signature .		 Member	 Member	 Member	 Member
	Ciun iiuni	Memoer	Memoer	Member	141CHWEI
Date:					