## 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**

# Educational Grant to children of Seafarers attending a Secondary, Vocational or Tertiary Institution on a full time or part-time basis

SECTION I							
Surname of Seafarer	Name of son/daughter:						
Other Name(s):							
Discharge Book No.: Mau	Age:						
N.I.C.	N.I.C.						
Address:							
Contact No:							
Qualification(s) of the son/daughter of seafa	arer						
Name of institution/college where admitted:							
Address of college /institution:							
(For Tertiary Education only) Course Title							
Full time/part time :	Duration of Course: From to						
SECTION II							
	hereby declare that the information and solemnly declare that I am not covered by any suc						

Date: .....

Signature: .....

## Photostat copies of documents to be submitted with application form

- National Identity Card of Seafarer
- Birth certificate of the son/daughter of seafarer
- National Identity Card or Student Identity Card of the son/daughter of the Seafarer
- Letter of admission from the education institution.
- Attendance certificate from the institution
- Time table of the course (for tertiary education)

## 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 application.

SECTION III (For Official Use)						
Mr./Miss/Mrs	. is a	bona	fide	Retired	/	Active
seaman holder of Discharge Book MAU						
Signature						
(Welfare Liaison Offic	cer)					
Date:						