

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 last consultation.

Documents to be submitted with application form

- Copy of Discharge Book of the Seafarer (if not already submitted)
- Copy of Birth Certificate
- Copy of National Identity Card of Seafarer

SECTION III (For Official Use)

Mr/Miss/Mrs..... is a bona fide
seafarer holder of Discharge Book MAU

Signature.....

Name

Date:.....

Remarks of Claims Committee (if any)

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

Recommended amount (Rs):

Prepared by:

Date:

Decision:

Approved	Not approved
-----------------	---------------------

Approved amount in
words.....

Signature

Chairman

.....

Member

.....

Member

.....

Member

Date:

NB: No Claim will be considered unless:

(c) If the check list above are enclosed

(d) The claim form is presented within six (6) months of last consultation.

Documents to be submitted with application form

- Copy of Discharge Book of the Seafarer (if not already submitted)
- Copy of Birth Certificate
- Copy of Marriage Certificate
- Copy of National Identity Card of Seafarer

SECTION III (For Official Use)

Mr/Miss/Mrs..... is a bona fide seafarer holder of Discharge Book MAU

Signature.....

Name

Date:.....

Remarks of Claims Committee (if any)

.....
.....

Entitled balance for year: Rs.....

Recommended amount (Rs):

Prepared by:

Date:

Decision:

Approved	Not approved
-----------------	---------------------

Approved amount in words.....

Signature

Chairman

.....

Member

.....

Member

.....

Member

Date:

**See overleaf for criterias*

SECTION III

I, Mr/Mrs/Miss..... bearing
N.I.C..... residing at solemnly
declare that I am not covered by any such scheme.

Date:

Signature:

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 last consultation.

Documents to be submitted with application form

- Copy of Discharge Book of the Seafarer (if not already submitted)
- Copy of Birth Certificate
- Copy of National Identity Card of Seafarer

SECTION IV (For Official Use)

Mr/Miss/Mrs..... is a bona fide seaman holder of
Discharge Book MAU

Signature.....

Name

Date:.....

Remarks of Claims Committee (if any)

.....
.....

Entitled balance for year: Rs.....

Recommended amount (Rs):

Prepared by:

Date:

Decision:

Approved	Not approved
-----------------	---------------------

Approved amount in
words.....

Signature
Chairman

.....
Member

.....
Member

.....
Member

Date:

SEAFARERS' WELFARE FUND

% Mauritius Maritime Training Academy
Royal Road, Pointe Aux Sables
Tel No. : 234-1139 Fax No. : 234-1021

APPLICATION FORM

Refund of 75% of Cost of Eye Treatment/Purchase of Frame

MAXIMUM OF Rs 6,303 EVERY TWO YEARS

SECTION I

(To be filled by seafarer)

Surname of Seafarer

Other Name(s) :

Discharge Book No.: Mau

N.I.C.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth

Age.....

Sex.....

Address:

Tel No (home):

.....

.....

.....

Mobile No (if any).....

I, being an active/retired seafarer do hereby apply for a refund of 75% of the cost of eye treatment/purchase of frames. I agree to abide by the rules as laid down for the scheme and eligibility criteria as per section 4.0 of the Welfare Scheme 2016 (**see overleaf**). I am enclosing originals of the following documents:-

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

SECTION II

I, Mr/Mrs/Miss do certify that I am a registered active/retired seafarer as per discharge book No. Mau..... and declare that the information I have given on this form is true and correct. I hereby authorize any medical practitioner to disclose to Seafarers' Welfare Fund any information regarding this claim.

SECTION III

I, Mr/Mrs/Miss bearing
N.I.C..... residing at solemnly
declare that I am not covered by any such scheme.

Date:

Signature:

NB: No Claim will be considered unless:

- (a) the required documents are enclosed**
- (b) The claim form is presented within six (6) months of last consultation.**

Documents to be submitted with application form

- | |
|---|
| <ul style="list-style-type: none"> • Copy Discharge Book of the Seafarer (if not already submitted) • Copy of Birth Certificate • Copy of National Identity Card of Seafarer |
|---|

SECTION IV (For Official Use)

Mr/Miss/Mrs..... is a bona fide seaman holder of
Discharge Book MAU

Signature.....

Name

Date:.....

Remarks of Claims Committee (if any)

.....
.....
.....

Entitled balance for year: Rs.....

Recommended amount (Rs):

Prepared by:

Date:

Decision:

Approved	Not approved
-----------------	---------------------

Approved amount in
words.....

Signature

Chairman

.....

Member

.....

Member

.....

Member

Date:

SEAFARERS' WELFARE FUND

% Mauritius Maritime Training Academy
Royal Road, Pointe Aux Sables
Tel No. : 234-1139 Fax No. : 234-1021

APPLICATION FORM

Birthday Gift

SECTION ONE.

Surname of Seafarer

Other Name(s) of Seafarer

Discharge Book No.: Mau.....

N.I.C

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Date of Birth

Age:..... Sex:

Address:

Tel No:

SECTION TWO

I, Mr/Mrs/Missbearing .N.I.C

residing at

..... do certify that I am/was a Registered Seafarer as per Discharge Book No. Mau..... I agree to abide by the rules as laid down for the scheme and eligibility criteria as per section 4.0 of the Welfare Scheme 2016 (**see overleaf**).

Date:

Signature:

NB: No Claim will be considered unless the claim form is presented within six (6) months of last birthday.

Copies of documents to be submitted with application form

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

For Official Use

Mr/Miss/Mrs..... is a bona fide
seamen holder of Discharge Book MAU

Signature.....

Name

Date:.....

Remarks of Claims Committee (if any)

.....
.....

Age :

Recommended amount (Rs):

Prepared by:

Date:

Decision:

Approved	Not approved
----------	--------------

Approved amount in

words.....

Signature

Chairman

.....

Member

.....

Member

.....

Member

Date:

Address of college /institution:

Course Title

Full time/part time :..... Duration of Course: From to

SECTION TWO

I, Mr/Mrs/Miss do certify that I am a registered active/retired seafarer as per discharge book No. Mau..... and declare that the information I have given on this form is true and correct. I agree to abide by the rules as laid down for the scheme and eligibility criteria as per section 4.0 of the Welfare Scheme 2016 (see overleaf).

SECTION THREE

I, Mr/Mrs/Miss bearing N.I.C..... residing at solemnly declare that I am not covered by any such scheme.

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

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 last application.

SECTION FOUR

For Official Use

Mr/Miss/Mrs..... is a bona fide seamen holder of Discharge Book MAU

Signature.....

Name Date :

SEAFARERS' WELFARE FUND

Certificate of School Attendance

Academic Year

This is to certify that
(Name of Child)

ward of
(Name of Seafarer)

is/was a **full time/part-time** student of
(Name of Institution)

in Grade/Year

Secondary

Tertiary/Post Secondary

Vocational

Pre Vocational

(Tick as appropriate)

and has been regularly attending classes for period (semester start and end)



Signature:

Name :

Title :

Date :

Seal of Institution

1. In case the student has a high record of absences, please specify below and reason given for such absences

S.N	Month	No. of Absences	Reasons

2. Please note above attendance is required by the Seafarers' Welfare Fund for the payment of a financial assistance, payable to wards of seafarers, on 6 months' basis.
3. You may contact the Secretary on 234 1139, should you need any further information.

N. B (This form is not valid without the proper signature and seal of the institution)

SEAFARERS' WELFARE FUND

*% Mauritius Maritime Training Academy
Royal Road, Pointe Aux Sables
Tel No. : 234-1139 Fax No. : 234-1021*

APPLICATION FORM

DEATH GRANT SCHEME

SECTION ONE

Surname of Late Seafarer Surname of spouse/next to kin:

Other Name(s): Other Name(s).....

N.I.C.

N.I.C.

Discharge Book No.: Mau.....

Date of Birth:

Date of Birth.....

Age: Sex:

Age:.....

Married or Single:

Name of Dependent Children

Address:

.....

.....

.....

Tel No:

.....

Date of Death of Seafarer:

Cause of Death:
.....

SECTION TWO

I, Mr/Mrs/Miss
bearing N.I.C.....
residing at.....
and being the.....(immediate heir/next to kin) of late

SEAFARERS' WELFARE FUND

*% Mauritius Maritime Training Academy
Royal Road, Pointe Aux Sables
Tel No. : 234-1139 Fax No. : 234-1021*

APPLICATION FORM

Grant for School Course Fees for Seafarers to upgrade their certificates

SECTION ONE

Surname of Seafarer

Other Name(s):

Discharge Book No.: Mau.....

N.I.C.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth:

Age: Sex:

Address:

Home No: Mobile No:

Current Occupation:

Qualification(s) of seafarer
.....

Name of institution/college where admitted:

Address of college /institution:

Course Title

Full time/part time:..... Duration of Course: From to

SECTION TWO

I, Mr/Mrs/Miss do certify that I am a registered active/retired seafarer as per discharge book No. and declare that the information I have given on this form is true and correct. I agree to abide by the rules as laid down for the scheme and eligibility criteria as per section 4.0 of the Welfare Scheme 2016 (see overleaf).

SEAFARERS' WELFARE FUND

*% Mauritius Maritime Training Academy
Royal Road, Pointe Aux Sables
Tel No. : 234-1139 Fax No. : 234-1021*

APPLICATION FORM

REGISTRATION TO BE A RETIRED SEAFARER

SURNAME OF SEAFARER:

OTHER NAME :

DISCHARGE BOOK NO. : MAU

ID NO. :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE OF BIRTH: AGE:

ADDRESS :
.....

PHONE NO. : HOME : MOBILE:

LENGTH OF SEA SERVICE:YEARSMONTHSDAYS.
(PLEASE SUBMIT DETAILS IN COPY (DISCHARGE BOOK))

DATE OF RETIREMENT :

MARITAL STATUS (SINGLE/ MARRIED/ DIVORCED/ OTHERS) :

IF MARRIED NAME OF SPOUSE:

DECLARATION:

I, Mr./Mrs./Miss, do hereby declare that the information I have given on this form is true and correct to the best of my knowledge and belief.

Date:

Signature:

Any Seafarer who willfully submits incorrect or false information shall be automatically disqualified and his name shall be removed from the registered list at this office.

