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

APPLICATION FORM

Refund of 75% of Cost Medical Treatment (local)

Maximum Rs 4,593(Active) /Rs 9,842(Retired) (Every Calendar Year)

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 a active/retired seafarer do hereby
apply for a refund of 75% of the cost of medical treatmescheme and eligibility criteria as per section 4.0 of the Woriginals of the following documents:	ent. I agree to abide by the rules as laid down for the
• Doctor's Certificate with mention of nature of i	llness/diagnosis
Original receipts and prescriptions	
 Detailed pharmacy bill (where applicable) Detailed laboratory invoice (where applicable) 	
2 Detailed taboratory invoice (where applicable)	
SECTION II	
I, Mr/Mrs/Miss	bearing .N.I.C
residing at	
do certify that discharge book Mau and de	
is true and correct. I hereby authorize any medical	
any information regarding this claim.	

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

	I (For Official Use				C" 1
		- NAAIT		18 a bona	Пае
seararer noide	er of Discharge Book	x MAU			
		Signature			
		Name			
Date:					
Remarks of Cla	nims Committee (if	<u>any)</u>			
Entitled balance	for year: R	s			
Recommended a	amount (Rs):				
Prepared by:		Date:			
Decision:	Approved	Not approved			
Approved ame					
Signature	 Chairman	 Member	Member		
Date:	•••••				

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

APPLICATION FORM

Refund of 75% of Cost Medical Treatment

for Legitimate Spouse(local)

Maximum Rs 4,593(Active) /Rs 9,842(Retired) (Every Calendar Year)

SECTION I.	
(To be filled by seafarer)	
Surname of Seafarer	Other Name(s) :
Name of Spouse:	
Discharge Book No.: Mau	
N.I.C	Date of Birth
Age:	Sex:
Address:	Tel No (home):
I,apply for a refund of 75% of the cost of medical treatm	being a active/retired seafarer do hereby tent. I agree to abide by the rules as laid down for the
scheme and eligibility criteria as per section 4.0 of the Voriginals of the following documents:-	Welfare Scheme 2016 (see overleaf). I am enclosing
• Doctor's Certificate with mention of nature of	illness/diagnosis
 Original receipts and prescriptions 	
Detailed pharmacy bill (where applicable) Detailed pharmacy bill (where applicable)	
• Detailed laboratory invoice (where applicable)	
SECTION II	
I, Mr/Mrs/Missresiding at	
do certify that	I was/am a registered active/retired seafarer as per
discharge book Mau ar form is true and correct. I hereby authorize any me	

Fund any information regarding this claim.

Date:

Signature:

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	I (For Official Use			
Mr/Miss/Mrs.	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	is a bona fie
seafarer holder	r of Discharge Book	« MAU		
		Signature		
		Name		
Date:				
	ims Committee (i	<u>fany)</u>		
	•••••			
Entitled balance	for year: Rs	S		
Recommended as	mount (Rs):			
Prepared by:		Date:		
Decision:	Approved	Not approved		
Approved amo				
	 Chairman	 Member	 Member	 Member
Date:				

^{*}See overleaf for criterias

% 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 Dental Treatment

(MaximumRs5,485 per calendar year)

SECTION I	
(To be filled by seafarer)	
Surname of Seafarer	Other Name(s) :
Discharge Book No.: Mau	
N.I.C.	Sex
Date of Birth	Age:
Address:	Tel No (home):
	Mobile No (if any)
 Doctor's Certificate regarding nature of treats Original receipts and prescriptions Detailed pharmacy bill (where applicable) Detailed laboratory invoice (where applicable) 	ment
SECTION II	
I, Mr/Mrs/Miss	do certify that I am a registered
	do certify that I am a registered
active/retired seafarer as per discharge book I	

SECTION III	I				
I, Mr/Mrs/M	iss				bearing
N.I.C		. residing at			solemnly
declare that	I am not covered I	by any such scheme	9.		
Date:			Signature:		
(a) If		ove are enclosed	six (6) months of la	st consultation	on.
Documents t	to be submitted wi	th application form			
Copy of I	Discharge Book of Birth Certificate National Identity C	f the Seafarer (if not a	already submitted)		
SECTION IV	/ (For Official Use	e)		-	
Mr/Miss/Mrs			is	a bona fide	seaman holder of
Discharge B	ook MAU				
		Signature			
		Name			
Date:					
Remarks of Cla	nims Committee (i	<u>f any)</u>			
Entitled balance	for year: Rs				
Recommended a	nmount (Rs):				
Prepared by:		Date:			
Decision:	Approved	Not approved			
Approved amwords					
Signature	 Chairman	 Member			 Member
Date:	•••••				

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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,		
 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 N	o. Mau and declare that the	
information I have given on this form is true and c	correct. I hereby authorize any medical practitioner to	

disclose to Seafarers' Welfare Fund any information regarding this claim.

SECTION II					
I, Mr/Mrs/Mi	ss				bearing
N.I.C		residing at .			solemnly
declare that	I am not covered	by any such scheme	e.		
Date:			Signature) :	
(a) t	-	ed unless: uments are enclose presented within s		last consu	Itation.
Documents	to be submitted w	ith application form			
Copy of	scharge Book of the Birth Certificate National Identity O	ne Seafarer (if not alr	eady submitted)		
• Сору от	TVational Identity C	Daid of Sealatei			
SECTION	V (For Official Us	e)			
	-		i	is a bona	fide seaman holder of
	Book MAU			io a bona	ndo oddinan noldor or
Dioonargo D					
		J			
Date:		, , , , , , , , , , , , , , , , , , , ,			
	aims Committee (i	if any)			
	e for yearamount (Rs):				
Prepared by:		Date:			
Decision:	Approved	Not approved			
Approved am words					
Signature	Chairman				 Member
Date:					

% 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	
residing at	bearing .N.I.C
	do certify that I am/was a Registered Seafarer as per Discharge abide by the rules as laid down for the scheme and eligibility elfare Scheme 2016 (see overleaf).
Date:	Signature:
NB: No Claim will be considered ur birthday.	nless the claim form is presented within six (6) months of last
Copies of documents to be submitted	ed with application form
Discharge Book of the Seafare	r
Copy of Birth Certificate	
 National Identity Card of Seafa 	rer

ror Official				
	s er of Discharge Book			is a bona fide
Signature				
Name				
Date:				
Remarks of C	laims Committee (if	<u>fany)</u>		
Age:Recommended	amount (Rs):			
Prepared by:		Date:		
Decision:	Approved	Not approved		
Approved ar words				
Signature	Chairman	 Member	Member	Member

Date:

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APPLICATION FORM

Educational Grant to children of Seafarers attending a Secondary, Pre Vocational, <u>Vocational or</u>

Tertiary Institution on a full time or part-time basis

SECTION ONE

Surname of Seafarer	Full Name of son/daughter:
Other Name(s):	
Discharge Book No.: Mau	
N.I.C.	N.I.C.
Date of Birth:	Date of Birth
Age: Sex:	Age: Sex:
Married or Single:	
Address:	Address:
Tel No:	Tel No:
Qualification(s) of the son/daughter of seafa	arer

ŭ	
Full time/part time :	Duration of Course: From to
SECTION TWO	
active/retired seafarer as per discharge boo information I have given on this form is true a	do certify that I am a registered No. Mau
	ng at solemnly
Photostat copies of documents to be submitted National Identity Card of Seafarer Birth certificate of the son/daughter of seafon-daughter of the Seafarer National Identity Card or Student Identity son/daughter of the Seafarer Letter of admission from the education ins 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 to the claim form is presented with	afarer Card of the stitution.
For Official Use Mr/Miss/Mrs of Discharge Book MAU Signature Name	is a bona fide seamen holder

Certificate of School Attendance

Acad	lemic Year	
This is to certify that		
	ame of Child)	
ward of		
		of Seafarer)
is/was a full time/part-time student of		
-	`	f Institution)
in Grade/YearSecondary]	
Tertiary/Post Secondary]	
Vocational]	
Pre Vocational]	
(Tick as appropriate)		
and has been regularly attending classes for	period (sen	nester start and end)
	Signatu	re:
	Name	:
	Title	:
	Date	:
0 1 67 (4)		

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*)

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

		ook No. Mau		the latter	was a Registered
Signature:		Date:s to be submitted with			
 Birth 0 Nation Death Birth 0 Copy Docur Nation 	Certificate and marroal Identity Card of Secretificate of seafacertificate of the son of Discharge Book	iage certificate of the Se Seafarer Irer I/daughter of seafarer om Shipping Office (if a	eafarer		
(a) If		ed unless: pove are enclosed presented within six	(6) months of d	ate of deat	h.
holder of Disc	Use Mrs harge Book MAU l	No		V	vas a bona fide seafare
Date:					
Remarks of Cla	ims Committee (i	<u>f any)</u>			
Recommended a	mount (Rs):				
Prepared by:		Date:			
Decision:	Approved	Not approved			
Approved amo					
_	 Chairman	 Member		oer	 Member
Date:	•••••				

% 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 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).

I,Mr/Mrs/Miss N.I.C				bearing
11.1.0				
declare that I		by any such scheme		3010111111
Signature:			Date:	
Photostat cop	ies of documents	s to be submitted wit	th application form	
NationaLetter ofTime ta	ertificate of the Se al Identity Card of a of admission from the certifying course couble of the course of Discharge Book	Seafarer	titution	
For Official U		<u>f any)</u>		
	nount (Rs):			
Recommended an	nount (Rs):			
Recommended an Prepared by: Decision: Approved amou	Approved	Date:		

% 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 SEAFA	RER:			• • • • • • • • • • • • • • • • • • • •				• • • • • •						••••
OTHER NAME	:.									••••			••••	• • • • • •
DISCHARGE BOOK NO). : N	⁄иАU												
ID NO.	:													
DATE OF BIRTH:											•••••			
ADDRESS														
PHONE NO.	: F	HOME :						MO]	BILE	E:	•••••			•••••
LENGTH OF SEA SERVIO	CE:		YEARS EASE SU))		
DATE OF RETIREMENT	:	• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •											
MARITAL STATUS (SING	GLE/ N	MARRIE	D/ DIV	ORCEI	O/ OTI	HERS	S):			••••		• • • • • •		
IF MARRIED NAME OF S	SPOUS	SE:	• • • • • • • • • • • • • • • • • • • •	•••••										
<u>DECLARATION:</u>														
I, Mr./Mrs./Misshereby declare that the info														
Date:						S	ignatı	ıre: .						

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.

Photostat copies of documents to be submitted with application form

- Birth Certificate and Marriage certificate of the Seafarer National Identity Card of Seafarer
- Copy of Discharge Book (full copy)
- Documentary evidence from Shipping Office.

FOR OFFICIAL	USE ONLY

The Retired Seafa	rer was a bona fic	de seafarer holder of I	Discharge Book No. I	Mau and his
total sea service ar	nount to	yearsmo	onths days.	
Signature:				
Name :				
Date :				
CLAIMS COMMITT	EE DECISION			
	Approved	Not approved		
Signature		 Member		
		Member	Member	Member
Date:	••••			