



TOURISM EMPLOYEES WELFARE FUND

6th Floor Victoria House Cnr Barracks & St Louis Street, Port Louis

Email: tewfund@intnet.mu, Web Site: www.tewf.mu,

Tel No: 211 4343; Fax No: 213 5462

Application Form for Death Grant (Dependant Relatives)

Name of Applicant:

NIC:

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Address of Applicant:

Tel No: Mobile No:

Bank Name: Bank Address

Bank A/c No:

Name of Employer

Address of Employer:

Tel No (Office):

Details of Deceased Person

Name of Deceased Person:

ID Number: Relationship with applicant:

I, certify that all the above information are correct.

.....

Date

.....

Signature of applicant

Applicant should call IN PERSON with both ORIGINALS & COPIES of the following documents:

***Applicant: 1) ID Card 2) Bank A/C Number of applicant (Payroll / Bank Statement)
3) Certificate from your organisation (Valid for one month ONLY).***

***Deceased Person: 1) ID Card 2) Birth & Death Certificates of Deceased Person
3) Marriage Certificate (where applicable).***

Please Note:

The certificate should specify the date of employment, period of contribution, and whether the applicant is on leave without pay.

Members contributing to the TEWF are hereby informed that they have to apply for any scheme within three months from the date they are entitled. (Note: the scheme is not applicable for still born child)