



# TOURISM EMPLOYEES WELFARE FUND

6<sup>th</sup> Floor Victoria House Cnr Barracks & St Louis Street, Port Louis

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Tel No: 211 4343; Fax No: 213 5462

## Application Form for Death Grant

Name of Applicant:.....

NIC:

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Address of Applicant: .....

Tel No: ..... Mobile No: .....

Bank Name: ..... Bank Address: .....

Bank A/c No: .....

### Details of Deceased Person

Name of Deceased Person: .....

Occupation: ..... Last Place of Work: .....

ID Number: ..... Relationship with applicant: .....

Name of Employer:.....

I,....., certify that all the above information are correct.

...../...../.....  
Date

.....  
Signature of Applicant

**The applicant should call IN PERSON with both ORIGINALS & COPIES of the following documents:**

**Applicant:** 1) ID Card 2) Affidavit of deceased or any proof that shows to the TEWF that the applicant has borne the funeral expenses. Example: Undertaker's Receipt 3) Bank A/C Number of applicant (Payroll / Bank Statement) (if affidavit :- Bank A/c Number and ID or Birth Certificates (if under 18 yrs) for all beneficiaries as per affidavit.

**Deceased Employee:** 1) Birth Certificate 2) Death Certificate 3) ID Card 4) Certificate from your organisation (Valid for one month ONLY)

**Please Note:**

*The certificate should specify the date of employment, period of contribution, and the date of death of the employee.*

*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.*