



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 Retirement Gift TO BE FILLED BY THE APPLICANT

Name of Applicant:.....

NIC:

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Address of Applicant:

Tel No: Mobile No:

Occupation: Years of Service

Date of Retirement:

Bank Name: Bank Address:

Bank A/c No:

Name of Employer:

Address of Employer:

Tel No (Office):

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:

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

Please Note:

The certificate of employee should specify the date of employment, period of contribution and the date of retirement from the organization.

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.