THE MERCHANT NAVY OFFICERS' WELFARE FUND (MNOWF)

Registered under Bombay Public Trust Act No. E/4771 of 1972 (Bom.)

Udyog Bhavan, 4th Floor,
29, Walchand Hirachand Marg,
Ballard Estate, Mumbai - 400 001.
Tel. : (91-22) 2261 9321
Fax : (91-22) 2264 4670
Email : mnowf@hathway.com

DECLARATION FORM

(To be filled by the Officer)

(PARTICULARS OF OFFICER AND FAMILY - WIFE, TWO CHILDREN UNDER 25 YEARS)

Officers' Full Name : _____

Rank : _____ Employee Code No. : _____

Name of INSA memberline company employed with : _____

_____

Date of appointment in the present company _____

Particulars of service during the last four years with dates : _____

_____

Permanent Residential Address : _____

_____

_____

Tel. No. with STD Code : _____

Fax No. with STD Code : _____

Mobile No : _____ Email : _____

Name of doctor, his qualification and complete address : _____

_____

_____

Are you, your wife and / or children covered with any Insurance Company under any medical scheme ?
If so, name the company (ies) types / ss of scheme/s and amount of coverage :

_____

_____

Is your wife gainfully employed ? If so, give particulars of her employment : _____

_____

For office use only

RECEIVED ON :	Inward No. :	By :

Particulars of Officer and family members

NAMES IN FULL (CAPITAL LETTERS)	**Date of Birth DD/MM/YYYY**
1. Name of Officer : Mr. _____	_____
2. Name of Officer's Wife : Mrs. _____	_____
3. Name of Officer's Child (under 25 years) : (Male / Female) Mr. / Miss _____	_____
4. Name of Officer's Child (under 25 years) : (Male / Female) Mr. / Miss _____	_____

I hereby state that I have received a copy of the Medical Brochure and Claim Forms.

I undertake to refund / make good the loss in respect of payments made to me with respect to claims in the event of the above information being found to be untrue / incorrect.

Place : Date : _____

Name of ☐ Officer ☐ Wife : _____

Signature of ☐ Officer ☐ Wife : _____

MUI No. : _____