

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

NOTICE OF CLAIM

Note : This Notice Of Claim must be sent to the Fund within a week after completion of treatment for claiming reimbursement

Name : _____
Rank : _____ Employee Code No. : _____
Name of INSA memberline company employed with : _____
_____ Date of Joining Company : _____
Total Period ashore after last sign-off (mths. & days) : _____
Name of last Ship & Date of Sign-off : _____
Permanent Residential Home Address : _____

MEDICAL EXPENSES REIMBURSEMENT FOR : OFFICER WIFE CHILD

Treatment taken : In Hospital Domicilliary Dental

Treatment started on : _____ Date of Birth : _____

Name of person covered : _____

Wife / son / daughter of : _____

Nature of illness : _____

Treatment taken from : (Name and complete address of hospital or doctor) : _____

After recover from illness I will submit claim in the prescribed manner alongwith all the original documents

Is your wife employed ? If yes, give office name and address : _____

Date : _____

Signature of officer or wife : _____

For office use only

RECEIVED ON :	Inward No. :	By :
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