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) 457 57 913
Email : mail@mnowf.com
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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 ☐ Domiciliary ☐ 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 :