

**MEAC STAFF WELFARE ASSOCIATION
CLAIM FORM**

(To be completed by Claimant)

I. CLAIMANT PERSONAL DETAILS

Name:.....

P/NO..... M/SHIP NO.....

ID NO..... TEL(Mobile).....

Directorate..... Unit/Section:.....

Address:.....

II. PARTICULARS OF DECEASED

NAME	Death Notification	Burial Permit

Date of Death:..... Relationship with Claimant:.....

I confirm that the details provided above are true to the best of my knowledge

Signature:..... Date:.....

NB: *Attach copy of Death notification/Burial Permit.*

Approved/Not Approved By:

If not approved, reason:.....

.....

Chairman:..... Secretary:.....Treasurer:.....

DATE:..... DATE:..... DATE:.....