

**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:.....**

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

**DATE:..... DATE:..... DATE:.....**