

PUBLIC OFFICERS' WELFARE COUNCIL
Hiking at Pétrin - Lower Gorges & Plucking of 'Goyaves de Chine'
Saturday 08 April 2017

APPLICATION FORM

Applicant's Name: *Mr./Mrs./Miss.....

(* Strike as appropriate and SURNAME IN BLOCK LETTERS)

Designation:..... **Tel Off:**..... **Fax:**.....

Ministry/Department:

Office Address:.....

Tel (Res):..... **(Cell):**..... **Email Address:**.....

Residential Address:

Pick - up Point (✓) tick as appropriate:			
Pamplemousses [Parking SSR Botanical Garden] (07 45 hrs)	<input type="checkbox"/>	St Jean, Quatre Bornes [Near St. Jean Church] (08 20hrs)	<input type="checkbox"/>
Port Louis [Government Centre - Near Queen Victoria Statue] (08 00 hrs)	<input type="checkbox"/>	Curepipe [Near Municipality of Curepipe & SBM] (08 30 hrs)	<input type="checkbox"/>
Reduit, University of Mauritius [Bus Parking] (08 15 hrs)	<input type="checkbox"/>	Own Transport	<input type="checkbox"/>

Accompanied By:

S/N	Name	Relationship	Date of Birth	Age	Meal Preference - (✓) tick as appropriate			Amount (Rs)
					Stuffed Bread*			
					Non Veg Chicken	Non Veg Fish	Veg	
SELF (APPLICANT)								
2								
3								
4								
5								
6								
7								
8								
Total								

*Every participant will be provided with a bottle of water and cake.

Note:

- (i) Photocopy of recent payslip/top part of payslip indicating the name, paysite code and NIC number or any written evidence/ document attesting that the applicant is a public officer in service and birth certificates for children below 13 years, if any, should be produced when effecting payment.
- (ii) All safety measures for the excursion have been taken by the organisers.
- (iii) Participants should be physically fit for the hiking
- (iv) In case of cancellation, refund will only be considered if the request is made at least one week prior to the date of excursion and in exceptional cases e.g. illness or death of close relative supported with documentary evidence.
- (v) Participants should abide to instructions provided on the programme of the day.
- (vi) Be assured that all information furnished in the form will be kept confidential.

I and my family members confirm that we are participating in the Hiking at our own risk. I understand by signing this participation form that my family and I cannot enter any representation, or statement, or legal action against the Public Officers' Welfare Council.

Date:

Signature:

.....
For office use only

Amount Paid _____

Receipt No. _____