

PUBLIC OFFICERS' WELFARE COUNCIL
Stays LUX GRAND-GAUBE (LUX* Resorts & Hotels)
APPLICATION FORM

Name of Applicant: Mr/Mrs/Ms.....
 Designation: PHONE: (Off)..... Fax
 Ministry/Department: (Mob) (Res).....
 Residential Address:
 Email Address:

Please specify Group and duration of stay.....

Details:

S/N	Name	Relationship	D.O.B	Meal Preference		Amount (MUR)
				Non-Veg	Veg	
Self						
2						
3						
4						
5						
6						
7						
8						
TOTAL						

NOTE:

- (i) **Participants are requested to abide by the check-out time of the Hotel.**
- (ii) The cost of any additional service/items, not included in the package will have to be met by the participant.
- (iii) Participants will have to bear responsibility of any mishap caused by themselves or accompanied members of their family during their stay.
- (iv) Cancellation will be accepted in exceptional cases (e.g. illness, death of close relative or any other valid reason) supported by documentary evidence. In case of cancellation, an administrative fee of MUR 200 per participant will be retained. No refund will be effected if cancellation is made one week prior to the stay.
- (v) All information furnished in this form will be kept confidential.

I and my family members confirm that we are participating in the stay at hotel 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 of Applicant

 Amount Paid _____ For office use only Receipt No. _____