



**PUBLIC OFFICERS' WELFARE COUNCIL**  
Promoting the welfare of Public Officers and their families

Our ref: POWC/An/24

Date: 14 March 2023

From: *Welfare Events Organiser, Public Officers' Welfare Council*  
To: *Supervising Officers i/c Departments/ Ministries*

**STAYS AT ANELIA RESORT & SPA - 2 NIGHTS STAYS (4 - stars hotel)**  
**APRIL 2024**

The Public Officers' Welfare Council (POWC) is organising stay at Anelia Resort & Spa, a four stars hotel located at Flic en Flac for public officers and their families as follows:

➤ *Saturday, 06<sup>th</sup> April - Monday 08<sup>th</sup> April 2024 (Rooms available - 10 for each category)*

2. The cost per room on All - Inclusive basis for 2 night stays is as follows:

Superior Room	Single room (MUR)	Double room (MUR)	Triple room (MUR)	Child (0 - 4 years) (MUR)	Child (5 - 11 years) (MUR)	Teen (12 - 17 years) (MUR)
2 Nights Stay	20,650	24,275	-	-	2,025	3,050

Deluxe Room	Single room (MUR)	Double room (MUR)	Triple room (MUR)	Child (0 - 4 years) (MUR)	Child (5 - 11 years) (MUR)	Teen (12 - 17 years) (MUR)
2 Nights Stay	22,250	26,300	30,350	-	2,025	3,050

Note:

- A child up to 04 years old stays for free.
- Maximum occupancy for Superior Room: 2 Adults + 1 Child (0 - 4 years)
- Maximum occupancy for Deluxe Room: 2 Adults + 2 Teens or 3 Adults

3. The Special All-Inclusive package includes the following:

- Check In at 1400 hours and Check Out at 1100 hours
- Welcoming beverage
- Lunch upon Check Out
- International Breakfast Buffet: 07h30 - 10h00
- Buffet Lunch (at main restaurant only): 12h00 - 14h30
- Afternoon Tea/Coffee Break: 16h00 - 17h00
- Dinner (buffet)
- Access to bar (10h30 - 22h30)
- Arrival lobby
- In room facilities (*Air Conditioning, Wifi, Tea/Coffee making facility, Television, Safe*)

Level 12, SICOM Building II, Corner Chevreau and Reverend Jean LeBrun Streets, Port Louis

Tel: 208 6658 / 208 0157 Fax: 208 6659

Email: [powc@govmu.org](mailto:powc@govmu.org) Website: <http://powc.govmu.org>

- Kids club (03 - 11 years) – on request
- Access to swimming pool
- Access to games room
- Access to non-motorised watersports
- Wifi

**Note:**

*Other services which are not included in the package mentioned above will be payable at the hotel's normal rate.*

4. **Participants will have to make their own transport arrangements.**
5. Interested Public officers are required to fill in the enclosed form at Annex 1 and submit same together with the exact amount to the POWC as from date of issue of the circular. The following documents should be submitted while effecting payment:
  - (i) a photocopy of a recent payslip or of the top part of the payslip, indicating the name, paysite code and National Identity Card number or any written document/evidence attesting that the applicant is a serving public officer,
  - (ii) photocopy of National Identity Card for each participating adult, and
  - (iii) photocopy of Birth Certificate for any participant under the age of 18.
6. Payment will be received on a "**first come first served basis**" as from the date of issue of this circular at the seat of the **POWC, Level 12, SICOM Building II, Corner Chevreau & Reverend Jean LeBrun Streets, Port Louis.**
7. Deadline for participation is Friday, 22<sup>nd</sup> March 2024 or until the availability of rooms.
8. *Payment can be effected by bank card, cash or cheque to the order of "Public Officers' Welfare Council".*
9. Request for cancellation from participants will be considered only in exceptional cases (e.g. illness, death of close relative or any other valid reason), supported by documentary evidence.
10. In case of cancellation, an administrative fee of MUR 200 per participant together with other cancellation charges claimed by stakeholders as well as other conditions will be applicable.
11. The POWC reserves the right to cancel the stays in case of any unforeseen circumstances. Participants will be refunded accordingly.
12. It would be appreciated if the contents of this circular letter could be brought to the attention of all public officers serving in your Ministry/ Department.
13. This circular letter has been posted on the website of the POWC: <https://powc.govmu.org/SitePages/Index.aspx>.



**M. D. Boyjoonauth**  
Welfare Events Organiser

Copy to: Presidents of Staff Welfare Associations

**PUBLIC OFFICERS' WELFARE COUNCIL**  
**STAYS AT ANELIA RESORT & SPA**  
**APRIL 2024**

Annex 1

**APPLICATION FORM**

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Name: \*Mr./Mrs./Miss.....

(\* Strike as appropriate and SURNAME in block letters)

Designation:.....PHONE (Off):.....(Res).....

Ministry/Department:.....(Mobile No):.....

Residential Address:.....Email.....

Address:.....

Group:.....Date:.....

Details:

S/N	Name	Relationship	Date of Birth	Age	Meal Preference		Amount (Rs)
					Non -Veg	Veg	
<b>SELF (APPLICANT)</b>							
2							
3							
4							
5							
<b>Total</b>							

**Note:**

- (i) A photocopy of recent payslip/ top part of payslip indicating the name, pay site code and NIC number or any written evidence/ document attesting that the applicant is a public officer in service and Photocopy of Birth Certificate for any participant under the age of 18 years should be produced when effecting payment.
- (ii) Participants will have to bear responsibility of any mishap caused by themselves or any accompanied members of their family during the stay.
- (iii) Request for cancellation will be considered only in exceptional cases (e.g. illness, death of close relative) supported by documentary evidence. In case of cancellation, an administrative fee of Rs 200 per participant together with other cancellation charges claimed by the stakeholders as well as other conditions will be applicable.
- (iv) Participants are requested to abide by the check-in and check-out time of the hotel.
- (v) 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 event at our own risk. I understand by signing this participation form that neither I and/or my family member cannot enter any representation, or statement, or legal action against the Public Officers' Welfare Council.***

.....  
**Date**

.....  
**Signature of Applicant**

*For office use only*

Amount Paid \_\_\_\_\_  
 Payment Effected **Cash:** \_\_\_\_\_  
 by: **Bank Card:** \_\_\_\_\_

Receipt No. \_\_\_\_\_  
 Cheque: \_\_\_\_\_  
 Cheque No: \_\_\_\_\_