Public Officers’ Welfare Council
Promoting the welfare of Public Officers and their families

Our ref: POWC/AMB/18

Date: 24 May 2018

From: Organising Secretary, Public Officers’ Welfare Council
To: Supervising Officers i/c Ministries/Departments

STAY AT AMBRE HOTEL – SUN RESORTS

The Public Officers’ Welfare Council is organising stays at Ambre, a four star hotel situated at Belle-Mare from Friday 27 to Sunday 29 July 2018 (two nights’ stay) for public officers and their families. Ambre hotel is reserved for persons aged 16 years and above.

2. Twenty five rooms are available and the details of the special all-inclusive package and the cost per room are at page 2.

3. Participants will have to make their own transport arrangements during check-in and check-out.

4. Interested public officers are requested to fill in the enclosed participation form and submit same to the Council together with the exact amount on the scheduled payment date. The following documents should be submitted while effecting payments:
   - Photocopy of a recent payslip/top part of the payslip indicating the name, paysite code and NIC number or any written evidence/document attesting that the applicant is a serving public officer;
   - Photocopy of Birth Certificates for participants aged sixteen and seventeen years.

5. Payments will be received on a “first come first served basis” on Tuesday 12 June 2018 from 0900 to 1430 hours at the seat of the POWC, 6th floor, ATOM House, 16, Royal Street, Port-Louis. In case rooms are still available, payments will be extended as from Wednesday 13 June 2018 from 0900 to 1430 hours.

Applicants are kindly requested to effect payments preferably by cheque to the order of “Public Officers’ Welfare Council”.

6. Cancellation will be accepted 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 hotel will be applicable. No refund will be effected if cancellation is made one week prior to the stay.

7. The Council reserves the right to cancel this activity in case of any unforeseen circumstances. Applicants will be refunded accordingly.

8. It would be appreciated if the contents of this circular could be brought to the attention of all public officers serving in your Ministry/Department/Division. A copy thereof is also posted on the Council’s Website: http://powc.govmu.org

S. Bundhoo
Organising Secretary

Copy to: Presidents of Staff Welfare Associations

6th Floor, Atom House, 16, Royal Street, Port Louis
Tel: 208 6658 / 208 0157 Fax: 208 6659 Email: powc@govmu.org
Website: http://powc.govmu.org

P.T.O
# Stay at Ambre Hotel (All-inclusive package)

The cost per room for the two nights’ stay (Friday 27 - Sunday 29 July 2018) is as follows:

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<thead>
<tr>
<th>Room Category</th>
<th>Amount (MUR)</th>
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<tbody>
<tr>
<td></td>
<td>Single 1 Adult</td>
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<tr>
<td>Superior Garden</td>
<td>10 825</td>
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<tr>
<td>Deluxe Sea Facing</td>
<td>14 600</td>
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## Package Details

<table>
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<tr>
<th>CHECK-IN CHECK-OUT</th>
<th>14:00 hrs</th>
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<tr>
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<td>12:00 hrs (Lunch Included)</td>
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### Restaurants & Bars

**All-inclusive**
- **Main Restaurant - Indigo**
  - Buffet Breakfast: 06:00 - 10:30 hrs
  - Buffet Lunch: 12:30 - 15:00 hrs
  - Tea Time: Tea & Coffee only - 15:30 - 17:00 hrs
  - Buffet Dinner: 18:30 - 22:00 hrs

**Italian Restaurant - Dolce Vita**
- A la Carte Lunch: 12:30 - 15:00 hrs
- A la Carte Dinner: 18:30 - 22:00 hrs

**Unlimited Drinks:** A selection of local bottled spirits, beers, soft drinks, juices

**Starts** at 14:00 hrs on arrival date and ends at 15:00 hrs on departure date
**Daily:** All-Inclusive package until 00:00 hrs

**Bars:** Coral Pool Bar: 09:00 - 00:00 hrs
- H&H Lounge Bar: 18:00 - 01:45 hrs (additional charge after midnight)

### Facilities in Room
- Towel, hair dryer, kettle etc
- Minibar

### Other Facilities
- Wifi
- 15% discount on spa (facial and body massage only)
- Shakers night club
  - (open on Fridays and Saturdays from 22:30 - 01:45 hrs)
- Swimming pool and fitness centre
- Beach service

### Activities
- Free non-motorized water sports including kayak, pedalo & glass bottom boats
- Sports activities (fitness, yoga, bocce ball, frisbee, tai chi, table tennis, beach tennis, aqua gym etc.)
Name of Applicant: Mr/Mrs/Ms

Designation: .................................................. PHONE: (Off) .................................. Fax .................................
Ministry/Department: ........................................ (Mob) ............................ (Res) ..............................
Residential Address: ........................................................................................................
Email Address: ................................................................................................................

Details:

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<tr>
<th>S/N</th>
<th>Name</th>
<th>Relationship</th>
<th>D.O.B</th>
<th>Meal Preference</th>
<th>Amount Rs.</th>
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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 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 hotel will be applicable. 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 Ambre 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.