Our Ref: POWC/PB/20/01

Date: 24 February 2020

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

STAY AT PEARLE BEACH RESORT & SPA (4-star hotel)

The Public Officers' Welfare Council is organising stays at Pearle Beach Resort & Spa, a four star hotel situated at Flic en Flac, for public officers and their families on the following dates:

- **Group A:** Friday 03rd – Sunday 05th April 2020 – Minimum 2 Nights
- **Group B:** Sunday 05th – Tuesday 07th April 2020 – Minimum 2 Nights

2. Twenty Deluxe Garden Rooms are available for group A and ten Deluxe Garden Rooms are available for group B.

3. The cost per person on All - Inclusive basis for 2 nights is as follows:

<table>
<thead>
<tr>
<th>DELUXE GARDEN ROOMS</th>
<th>One Adult Single room (MUR)</th>
<th>Per adult in Double sharing room (MUR)</th>
<th>Per adult in Triple sharing room (MUR)</th>
<th>Child 5-11 years sharing parent's bed</th>
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<tr>
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<td>10,575</td>
<td>7,450</td>
<td>6,600</td>
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Note:

✓ One child aged below 5 years sharing parent’s bed is free.
✓ **Maximum room occupancy: 2 Adults + 2 children or 3 adults**

4. The special All-Inclusive package includes the following:

✓ Check in at 1400hours and Check Out at 1200hours
✓ Welcoming beverage
✓ Lunch included upon checkout
✓ Tea/ Coffee break from 1530 hours to 1700 hours
✓ Breakfast, lunch and dinner (Buffet) at Horizon Restaurant (Main Restaurant)
  • Breakfast from 0730 hours to 1000 hours
  • Lunch from 1230 hours to 1500 hours
  • Diner from 1930 to 2200 hours
✓ Selected local beverages at the Citronel Bar *(To be advised by the hotel during the stay)*
✓ Arrival lobby
✓ In room facilities *(Air Conditioning, Electronic Safe, Hairdryer, Iron – on request and subject to availability. Tea/coffee (NOT MINIBAR)*
✓ Entertainment *(Live music or cultural shows every evening)*
✓ Kids club *(04 - 11 years old from 1000 hours to 1600 hours)*
✓ 1 adults’ pool & 1 children’s pool
✓ Indoor games
✓ Fitness club *(as from 15 years old)*
✓ Boat house *(Pedal Boats, Kayak, Glass Bottom Boat Trips, Snorkelling Trips)*
✓ Wifi *(In rooms & common areas)*
✓ Serenity Spa:
  • Gommage & Hammam *(MUR 900 per person as from 12 years old)*
  • Gommage & Sauna *(MUR 900 per person as from 12 years old)*

Note:

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

*(ii) Any reservation and payment in connection with gommage, hammam and sauna should be made at the hotel directly.*

5. Participants will have to make their own transport arrangements.
6. 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 below eighteen years.

7. Payment will be received on a “first come first served basis” as from Thursday 05 March 2020 from 0930 to 1400 hours, at the seat of the POWC, 6th floor, ATOM House, 16, Royal Street, Port-Louis.

Participants are kindly requested to effect payment, preferably by bank card or cheque to the order of “Public Officers’ Welfare Council”.

8. 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 as well as any other cancellation fee claimed by the hotel will be applicable.

9. The Council reserves the right to cancel the stays in case of unforeseen circumstances. Participants will be refunded accordingly.

10. 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
PUBLIC OFFICERS’ WELFARE COUNCIL
STAYS AT PEALE BEACH RESORT & SPA
April 2020
APPLICATION FORM

Name of Applicant: Mr/Mrs/Ms.................................................................

Designation: ..................................... PHONE: (Off)...................... Fax ..............

Ministry/Department: ............................................... (Mob) .................. (Res)................

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

GROUP: ...... Date: ...............................................

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 Peale Beach Resort & Spa 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

For office use only

Amount Paid .......................................................... Receipt No: ..............................................

Payment Effected by: Cash: Cheque: Bank Card: Cheque No: ..............................................