

# SEAFARERS' WELFARE FUND SOCIETY - MUMBAI

## Application form for claiming Gratuity dues (for Seafarers)

From : \_\_\_\_\_

CDC No. : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mobile/ Tel. No.: \_\_\_\_\_

Date : \_\_\_\_\_

To :  
Chief Administrative & Accounts Officer,  
Seafarers' Welfare Fund Society,  
Gr. Floor, Nau Bhavan, R.K. Marg,  
Ballard Estate, Mumbai- 400 001.

Dear Sir,

I wish to submit that -

- (i) I am over 50 years of age now and below the age of retirement, but declared **PERMANENTLY UNFIT** by the DG Shipping approved medical practitioner Dr. \_\_\_\_\_ on \_\_\_\_\_ and hence no more in seafaring profession.
- (ii) I have **retired voluntarily on completion of five years sea-service** and I was last discharged from vessel ex.m.v. \_\_\_\_\_ on \_\_\_\_\_.
- (iii) I have retired on **SUPERANNUATION** basis on \_\_\_\_\_.
- (iv) I have become officer on obtaining COC dated \_\_\_\_\_. (Copy of COC attached.)

**(Note: Select only one option out of (i) to (iv) given above.)**

I enclose herewith Order No. \_\_\_\_\_ dated \_\_\_\_\_ issued by the Shipping Master, Government Shipping Office for cancelation of my CDC. ( copy enclosed).

I enclose herewith Registration Cancellation order No. \_\_\_\_\_ dated \_\_\_\_\_ issued by the Director, Seamen's Employment Office.

I also enclose herewith Original CDC Book/s for your reference and the same be returned to me at my residential address as given above.

I now request you to kindly settle my Gratuity dues deposited with you by the Shipping companies at the earliest.

I hereby authorize you to direct your bankers, to remit the gratuity amount due to me, through RTGS/NEFT on the basis of my Savings Bank Account details furnished below. (Mandatory- to be furnished, without which the claim will not be processed.)

- (i) Name of the Bank : \_\_\_\_\_ } Note : Kindly attach front page  
(ii) Bank's Branch Name : \_\_\_\_\_ } of Bank Pass-book where  
(iii) Branch IFSC Code : \_\_\_\_\_ } these details are printed and  
(iv) Savings Bank Account No.: \_\_\_\_\_ } 1 (one) cancelled Cheque leaf.

Yours faithfully,

Signature: \_\_\_\_\_

Name: \_\_\_\_\_