

SEAFARERS' WELFARE FUND SOCIETY,
NOU BHAVAN, GROUND FLOOR, R. KAMANI MARG, BALLARD ESTATE,
MUMBAI 400 001.

**APPLICATION FORM FOR EXGRATIA ASSISTANCE ON DEATH TO
WIDOWS/DEPENDENTS.**

1. Seaman's Name _____

2. Applicant's Name _____ Relationship _____

3. Residentaila Address _____

4. **Relevant Particulars:**

CDC No.	REGN.NO.	DATE/YEAR OF BIRTH	LAST SHIP	LAST DATE OF DISCHARGE
ROSTER	CATEGORY	REGISTRATION CANCELLATION ORDER NO. & DATE:		
DATE OF DEATH.	PLACE OF DEATH.	CAUSE OF DEATH.	WHETHER FG/HT.	

NOTE: (i) Please attach attested copies of Death Certificate/Registration Cancellation Order.

(ii) Please mention whether Exgratia Assistance on Death is received from any other source.

PLACE:

DATE:

(SIGNATURE OF THE APPLICANT)

The above application has been checked and the applicant widow/minor child/parent.
Smt./Kum./Shri _____ is eligible for Exgratia
Assistance on Death of Rs. _____.