

SEAFARERS' WELFARE FUND SOCIETY.

NOU BHAVAN, GROUND FLOOR, R.KAMANI MARG,
BALLARD ESTATE, MUMBAI-400 001

APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER 'INVALIDITY BENEFIT SCHEME'.

(Please refer notes given below before submitting this application form.)

Seafarer's name in Full (As per CDC Book)	<u>Mr./Mrs./Ms.</u>		
CDC Book Number			
Indian shipowners Co. name OR Recruitment & Placement Service (RPS) provider Name & Regn. No			
The name of the vessel last sign-off		The date of sign off from the last vessel :	
Correspondence address	<hr/> <hr/>		
Telephone No. (with STD Code) / Mobile No.	Tel. No. _____	Mobile No. _____	

I, the undersigned, have become **PERMANENTLY UNFIT**, for seafaring profession due to an accidental injury which took place on _____.

I now request you to grant me, financial assistance under the 'Invalidity Benefit Scheme', as per SWF Society's rules as applicable for the scheme. I am submitting herewith following documents, to receive the claim under the scheme. I give below my Bank account details. (*Bank details are mandatory, without which the application will not be processed.*)

Sr. No.	Document
1	Original latest Indian CDC Book of the Indian seafarer showing last sign-off vessel name and date.
2	Attested copy of latest Indian CDC Book
3	Original certificate issued by the DGS approved Medical Practitioner certifying the Indian seafarer "Permanently Unfit" for the seafaring profession due to injury.
4	Attested copy of discharge card/certificate and medical report card issued by the hospital (where the Indian seafarer was admitted for the treatment.)

Details of the bank, where the financial assistance amount to be credited (mandatory)

Name of the bank	Branch name	Branch address	S.B. A/c no.	Branch IFSC code

(Note: Please attach a legible copy of the Front page of Bank Pass Book of SB Account showing applicant's name, duly attested by the Branch Manager of the Bank.)

I declare that I am claiming this financial assistance on the strength of the documents submitted as above, and at later date if it is proved that I am not Permanently Unfit for seafaring profession or my claim was found fraudulent, I undertake to refund the financial assistance in full to the SWF Society and also authorize the SWF Society to recover the same from me from my any source of Income.

Place: _____

Date: _____

(Applicant's Signature/ Thumb Impression)

Name of Applicant: _____

Note 1: This scheme is applicable only for Indian seafarers, holding CDC book and effective from 21.08.2014 & hence date of injury should be on or after 21.08.2014.

Note 2: The date of injury of seafarer should be within 12 months period from the date of sign-off from the last vessel as recorded in the Indian CDC Book.

Note 3: The application for financial assistance should receive by the Society within two years period from the date of certificate issued by the DGS approved medical practitioner.

FOR S.W.F.S. OFFICE USE ONLY

Application No. _____

Documents attached verified & the applicant found eligible/not eligible under Invalidity benefit scheme for financial assistance of _____, (_____ only)

Checked by D.A. Verified by (A.A.O.) Recommended by (CAAO) Approved by MT/MS