

SEAFARERS' WELFARE FUND SOCIETY.

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

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

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

| | | | |
|--|-------------------------|--|-------|
| Indian woman seafarer's Name in full (As per her Indian CDC Book) | Mrs./Ms. _____ | | |
| Indian 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 | _____ _____ _____ | | |
| Telephone No. (with STD Code) / Mobile No. | Tel. No. _____ | Mobile No. _____ | _____ |

I, the undersigned, have undergone pregnancy delivery which took place on _____.

I now request you to grant me, financial assistance under the 'Maternity 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. | Documents |
|---------|---|
| 1 | Attested copy of birth Certificate of Child. |
| 2 | Original latest Indian CDC Book of the Indian woman seafarer showing last sign-off vessel and date. |
| 3 | Attested copy of latest Indian CDC Book |

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 was not eligible, I undertake to refund the financial assistance received from SWFS, 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 woman seafarer holding CDC book and is effective from 21.08.2014 & hence date of pregnancy delivery should be on or after 21.08.14. The financial assistant under this scheme is restricted only for two pregnancy deliveries.
- Note 2: The date of pregnancy delivery should have taken place within sixty months 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 birth of the child.

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

Application No. _____

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

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