

**SEAFARERS' WELFARE FUND SOCIETY.**

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

**APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER  
'SURVIVAL BENEFIT SCHEME'**

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

1. Seafarer's name in full : Mr./Mrs./Ms.: \_\_\_\_\_  
(As per CDC Book)
2. CDC number : \_\_\_\_\_
3. The name of the vessel last sign-off : \_\_\_\_\_ Date of sign-off : \_\_\_\_\_
4. Indian shipowners Co. name : \_\_\_\_\_  
OR Recruitment & Placement : \_\_\_\_\_  
Service (RPS) provider name : \_\_\_\_\_  
& its Registration No. : \_\_\_\_\_
5. Applicant's name in full : \_\_\_\_\_
6. Correspondence address : \_\_\_\_\_  
\_\_\_\_\_
7. Telephone No./Mobile No. : Tel. No. \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
(with STD code No.)

I, the undersigned, wish to inform you that my husband/wife/son/daughter Mr./Mrs./Ms. \_\_\_\_\_  
\_\_\_\_\_ expired on \_\_\_\_\_. (Delete whichever is not applicable)

I now request you to grant me, the financial assistance under the 'Survival 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.)**

- (a) Attested copy of death certificate of the seafarer.  
(b) Original latest CDC book  
(c) Attested copy of any Identity proof of the applicant (i.e. PAN card/Voter's ID card/Aadhar Card/Indian passport etc.)

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: 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 the actual beneficiary, or my claim was found dishonest, I undertake to refund the financial assistance in full to the SWF Society.

Place: \_\_\_\_\_

Date: \_\_\_\_\_ (Applicant's Signature/ Thumb Impression)

Name of Applicant: \_\_\_\_\_

Note 1: This scheme is applicable only for Indian seafarers for cases of death on or after 21.08.2014.

Note 2: The scheme is applicable to cases of death of seafarer within 12 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 be received by the Society within two years period from the date of death of the seafarer.

P.T.O.....2/-