

SEAFARERS' WELFARE FUND SOCIETY.

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

APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER 'OLD AGE BENEFIT SCHEME'

(Please refer notes given on next page before submitting this application form.)

1. Seafarer's name in full : Mr./Mrs./Ms.:
(As per CDC Book) _____
2. CDC number : _____
3. Date of Birth as per CDC : _____
4. The name of the vessel last :
sign-off _____ Date of sign-off : _____
5. Indian ship-owners Co. name : _____
OR Recruitment & Placement : _____
Service (RPS) provider name : RPSL No. _____
& it's Registration No. _____
6. Correspondence address : _____

7. Telephone No/Mobile No. : Tel. No: _____ Mobile No.: _____
(With STD code no.)
8. E-mail address : _____

I, the undersigned, wish to inform you that I have completed my 65 Years (Sixty Five years) of age on _____.

I now request you to grant me, the financial assistance under the 'Old Age Benefit Scheme' as per SWF Society's rules as applicable for the scheme. I am submitting herewith following document, to receive the claim under the scheme.

- (a) Original latest CDC book.

P.T.O.....2.....