

# **SEAFARERS' WELFARE FUND SOCIETY**

(Autonomous Body of Ministry of Ports, Shipping and Waterways Government of India)

(Registered Charitable Trust-Regn. No.F/1364/BOM)

Nau Bhavan Building, Ground Floor, R. K. Marg, Ballard Estate, Mumbai-400 001

**Mob No. 8097552900 / 8097553700.**

**Email-swfs1966@gmail.com/swfs.dgs@govcontractor.in**

## **APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER**

### **'DEATH ON BOARD 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 on Board : Date of sign-on: \_\_\_\_\_ Death of Death \_\_\_\_\_
4. Indian shipowners Co. name : \_\_\_\_\_  
OR Recruitment & Placement : \_\_\_\_\_  
Service (RPS) provider name : \_\_\_\_\_  
& its Registration No. : \_\_\_\_\_
5. Applicant's name in full : \_\_\_\_\_
6. Relationship with seafarer : \_\_\_\_\_
7. Correspondence address : \_\_\_\_\_  
Of the applicant \_\_\_\_\_
8. Telephone No./Mobile No. : Tel. No. \_\_\_\_\_ Mobile o.: \_\_\_\_\_  
(with STD code No.)

I, the undersigned, wish to inform you that my husband/wife/son/daughter/father/mother Mrs./Mr./Ms. \_\_\_\_\_ expired on \_\_\_\_\_ while on board Vessel \_\_\_\_\_.

I, now request you to grant me, the financial assistance under the 'Death on Board 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 latest CDC book /Article of Agreement for engagement of vessel where death occurred.
- (b) 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:

(Attach a legible copy of front page of Bank pass book of SB account, to verify the details.)

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.)

I declare that, I am claiming this financial assistance on the strength of the documents submitted above, and at later date, if it is found, 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: \_\_\_\_\_

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

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

**Note:**

1. The scheme is applicable only for Indian seafarers holding Indian CDC and is Bonafide engaged through Indian Shipping Company / Indian Ship-owner on Indian flag vessel or engaged by the Registered RPSL company on foreign flag vessel / Indian flag vessel for cases of death on or after 12/03/2025.
2. The scheme is applicable to cases of death of seafarer occurred while on board and also presumed death cases are considered under this scheme.
3. The bonafide of the seafarer who expired on board will be confirmed by the concerned Shipping Master, Government Shipping Office/ Director Seamen's Employment Office, DG Shipping (Crew Branch).
4. The application form for this scheme is to be received by the SWFS within a period of three months from the date of death of seafarer / reported missing.

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

**Application No.**

Documents attached verified & the applicant found eligible/not eligible under 'Death on Board Benefit Scheme' for financial assistance of ₹. \_\_\_\_\_ . (Rupees \_\_\_\_\_ Only)

**Checked by D.A.**

**Verified by (A.A.O.)**

**Recommended by (CAAO)**

**Approved by MT/MS.**