

SEAFARERS' WELFARE FUND SOCIETY

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

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

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APPLICATION FORM FOR “EX-GRATIA SUPPORT BENEFIT SCHEME (ESBS) FOR FAMILY OF ABANDONED SEAFARERS”

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

<u>PART A : DETAILS OF THE STRANDED/ABANDONED SEAFARER</u>		
1)	Seafarer's Name in full	:
2)	CDC Number (Attach copy of relevant page showing CDC No. & Name)	:
3)	Date of being stranded/abandoned	:
4)	Place/Port & Country where stranded/abandoned	:
5)	Name of Vessel	:
6)	Details of vessel owner/shipping Co./RPSL Co. through which seafarer was engage.	:
7)	Employment Contract Number & Duration (If available)	:
<u>PART B : DETAILS OF NEXT OF KIN / FAMILY MEMBER APPLYING</u>		
1)	Full Name	: Mrs. / Mr.
2)	Relationship with Seafarer	:
3)	Address for Correspondence	:
4)	Contact Number	:
5)	Email ID (if any):	:
6)	Aadhaar / Voter ID / Other ID Proof Number (Please attach copy of document self-attested)	:
<u>PART C : BANK DETAILS FOR FINANCIAL ASSISTANCE (NEFT/RTGS)</u>		
1)	Name of Account Holder	:
2)	Bank Name	:
3)	Branch Name & Address	:
4)	Account Type & Account Number	:
5)	IFSC Code	:
(Bank Account should be in the name of applicant and it should be normal saving account) (Copy of Bank Passbook showing name, A/c. details be attached.)		

PART D : DOCUMENTS TO BE ENCLOSED

Please tick the documents attached (self-attested copies):

- Copy of Seafarer’s CDC
- Proof of Employment (Contract / Letter of Appointment), if available
- ID Proof of Next of Kin (Aadhaar / Voter ID / Passport etc.)
- Relationship Proof (Birth Certificate / Marriage Certificate etc.)
- Cancelled Cheque / Bank Passbook copy
- Any other supporting documents: _____

PART E : DECLARATION

I, hereby inform you that my son/daughter/spouse Mr./Ms _____ has joined MV _____, IMO no. _____, on _____ and the ship has been abandoned by the owners/operators and my son/daughter/spouse has not been paid salary from ----- Date). I am in dire need of funds to run my household and request you to provide financial assistance. I understand that financial assistance of Rs.10000 per month will be provided for a maximum of 12 months, or return of seafarer, whichever is earlier. **(amended to ₹20,000/- p.m. for the family of those seafarers who are stranded/abandoned on or after 1.1.2026)**

I, the undersigned, hereby declare that all information furnished above is true and correct to the best of my knowledge and belief. I understand that furnishing false information may result in rejection of the application and/or legal action as per law applicable.

I also acknowledge that the financial assistance under the “Ex-gratia Support Benefit Scheme (ESBS) for family of Abandoned Seafarer, is a purely discretionary support extended by the Seafarers Welfare Fund Society (SWFS) and that no prescriptive right is created through this application.

Signature of the Applicant: _____ (and relation with seafarer)

Name: _____

Date: _____

Place: _____

For Office Use Only

- Date of Receipt: _____
- Verified by: _____
- Recommendation: _____
- Remarks: _____
- Approved by: _____ Date: _____