

SEAFARERS' WELFARE FUND SOCIETY

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

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

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APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER Medical, Critical Illness & Term Insurance Premium Assistance Scheme

1. Applicant Details

1. Name of Seafarer : _____
2. CDC Number : _____
3. Date of Birth : _____
4. Age as on 01.01.2026 : _____
5. Mobile No. : _____
6. Email ID : _____

2. Sea Service Details

1. Total Sea Service (last 5 years): ____ years ____ months
2. Sea Service after age of 50 (if applicable): ____ months
3. Name of Shipping Company / RPSL: (Last served) _____

3. Insurance Details

Type of Policy	Name of Insurance Company	Policy No.	Policy Period	Premium Paid (₹)
Medical Insurance				
Critical Illness				
Term Insurance				

4. Bank Details (for reimbursement)

1. Name of the Account holder : _____
2. Name of Bank : _____
3. Branch : _____
4. Account Number : _____
(only SB a/c and not NRE/NRO)
5. IFSC Code : _____

5. Declaration

I hereby declare that the information furnished above is true and correct to the best of my knowledge. I undertake that the insurance policies submitted have been obtained from IRDA-approved Insurance Companies and that no reimbursement has been claimed earlier for the same policy.

Signature of the Applicant

Date: _____

Place: _____

List of Documents to be Enclosed (Mandatory Self attested)

- 1) **Copy of Indian CDC.**
- 2) **Sea service testimonials / Discharge Book extracts**, as applicable.
- 3) **Copy of the insurance policy/policies** for which the application is submitted.
- 4) **Copy of insurance premium payment receipt(s)** corresponding to the policy/policies applied for.
- 5) **Proof of bank account details** (Cancelled cheque or copy of passbook).