

# **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 OLD AGE BENEFIT SCHEME FOR 65 YEARS**

**(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 & CDC Cancellation order no & date : \_\_\_\_\_
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. : M/s. \_\_\_\_\_  
: \_\_\_\_\_
6. Correspondence address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Telephone No/Mobile No. : \_\_\_\_\_
8. E-mail address : \_\_\_\_\_

I, the undersigned, wish to inform you that I have completed by 65 years (Sixty five Years) of age on \_\_\_\_\_

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

- (a) Copy of latest CDC book / Self – attested copy of CDC Book.
- (b) CDC Cancellation order copy.
- (c) Account details.

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

I give below my Bank account details. (Bank details are mandatory, without which the application will not be processed.)

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 Or original cancelled cheque showing applicant's name and bank details)

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 or Thumb Impression)

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

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Note 1: This scheme is applicable only for Indian seafarers, holding Indian CDC and has completed his/her 65 years of age on or after 1<sup>st</sup> January, 2019 and has last performed cumulative six months sea service after 1.4.2014 after the age of 55 years.

Note 2: The application for financial assistance should be received by the Society within a period of twelve months after attaining the age of sixty five years.

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

**Application No.**

Documents attached verified and the applicant found eligible / not eligible under 'Old Age Benefit Scheme' for financial assistance of Rs. \_\_\_\_\_. (Rs. \_\_\_\_\_ only)

**Checked by D.A.**

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

**Recommended by**  
**(CAAO)**

**Approved by MT/MS.**

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