

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 75 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 75 years (Seventy five Years) of age on _____ (after 1.1.2026)

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) Self – attested copy of CDC Book.
- (b) Vessel copy of CDC book 6 months sea service after the age of 50 years.
- (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: _____

Note 1: This scheme is applicable only for Indian seafarers, holding Indian CDC and has completed his/her 75 years of age on or after 1st January, 2026 and has last performed cumulative six months sea service after the age of 50 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 seventy five years.

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.
