

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 'SURVIVOR'S 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 last : _____ Date of sign-off: _____
sign-off
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 No.: _____
(with STD code No.)

I, the undersigned, wish to inform you that my husband/wife/son/daughter /father/mother
Mr./Mrs./Ms. _____ expired on _____.
(Delete whichever is not applicable.)

I, now request you to grant me, the financial assistance under the 'Survivor's 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 death certificate of the seafarer.
- (b) Copy of latest CDC book
- (c) 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, duly attested by the Branch Manager of the bank.)

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 for cases of death on or after 21.08.2014.**
- 2: The scheme is applicable to cases of death of seafarer within off article period of 12 months (amended to 24 months w.e.f. 31/05/2022) & (amended to 36 months w.e.f. 27/01/2026) from the date of sign- off from the last vessel, as recorded in the Indian CDC Book.**
- 3: The application for financial assistance should be received by the Society within three years period from the date of death of the seafarer.**

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

Application No. _____

Documents attached verified & the applicant found eligible/not eligible under 'Survivor's Benefit Scheme' for financial assistance of ₹. _____. (Rupees _____ Only)

Checked by D.A.

Verified by (A.A.O.)

Recommended by (CAAO)

Approved by MT/MS.