# 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
**Mob No. 8097552900 / 8097553700**
Email- swfs.dgs@govcontractor.nic.in/ swfs.dgs@govcontractor.nic.in

## Financial Assistance for Injury / Permanent Disability suffered by Seafarers in Warlike / High-Risk Areas Assistance Scheme

### (A) General Details of Seafarer

| Sr. No. | Particulars | | Details to be filled |
|---|---|---|---|
| 1 | Name of Seafarer | : | |
| 2 | CDC Number | : | |
| 3 | Date of Birth | : | |
| 4 | Address (Permanent) | : | |
| 5 | Mobile No. | : | |
| 6 | Email ID | : | |

### (B) Employment Details

| Sr. No. | Particulars | | Details to be filled |
|---|---|---|---|
| 7 | Name of Shipping Company / RPSL | : | |
| 8 | Name of Vessel | : | |
| 9 | Type of Vessel (Indian/Foreign Flag) | : | |
| 11 | Rank / Designation | : | |
| 11 | Period of Employment (From – To) | : | |

### (C) Incident Details (Injury Case)

| Sr. No. | Particulars | | Details to be filled |
|---|---|---|---|
| 14 | Date of Incident | : | |
| 15 | Place of Incident (Warlike/High Risk Area) | : | |
| 16 | Nature of Injury | : | |
| 17 | Cause of Injury | : | |
| 18 | Whether Injury occurred On Board | : | Yes / No |
| 19 | Brief Description of Incident | : | |

## (D) Medical Details

| Sr. No. | Particulars | | Details to be filled |
|---|---|---|---|
| 20 | Name of Hospital | : | |
| 21 | Medical Certificate Attached | : | Yes / No |
| 22 | Nature of Disability (Permanent) | : | |
| 23 | Fitness Status (Fit/Unfit for Seafaring) | : | |
| 24 | Date of Medical Assessment | : | |

## (E) Financial Assistance Details

| Sr. No. | Particulars | | Details to be filled |
|---|---|---|---|
| 25 | Bank Name | : | |
| 26 | Account Number | : | |
| 27 | IFSC Code | : | |
| 28 | Branch | : | |

## (F) Documents Attached

| Sr. No. | Document | Yes / No |
|---|---|---|
| 29 | Copy of CDC | |
| 30 | Medical Certificate | |
| 31 | Injury Report / Incident Report | |
| 32 | Employment Proof | |
| 33 | Bank Passbook Copy | |
| 34 | Any Other Document | |

## (G) Declaration

I hereby declare that the above information is true and correct to the best of my knowledge. I request SWFS to kindly consider my application for financial assistance.

Place :

Date : Signature of Applicant

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## Seafarer's Welfare Fund Society Application For Financial Assistance For Death Of Seafarer Under Warlike / High-Risk Areas Assistance Scheme

1. Seafarer's name in full (As per CDC Book) : Mr./Mrs./Ms.:_____
2. CDC Number : _____
3. The name of the vessel on Board : Date of sign-on: _____Death of Death_____
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 : _____
   f 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 Mrs./Mr./Ms. _____ expired on _____ while on board Vessel _____.

I, now request you to grant me, the financial assistance under the '**Warlike / High-Risk Areas**' 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.**)

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,)**

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: _____

**FOR S.W.F.S. OFFICE USE ONLY** **Application No.**

Documents attached verified & the applicant found eligible/not eligible under '**Warlike / High-Risk Areas**' for financial assistance of ₹. _____. (Rupees _____Only)

**Checked by D.A. Verified by (A.A.O.) Recommended by (CAAO) Approved by MT/MS.fold age**