



Application Form for Caymanian Seafarer Ex-Gratia Benefit

Date:

Before completing the Application Form, applicants should read the **Seafarer Ex-Gratia Benefit Eligibility Criteria** for relevant information.

This form must be signed by the Applicant (Seafarer or Seafarer's Surviving Spouse). Persons making/signing the Application & Affidavit should note that they may be called upon at any time to substantiate the information provided in the Application/Affidavit.

Part 1: Applicant's Personal Details

Seafarer Seafarer's Spouse

Full Name of Applicant

Date of Birth **Place of Birth**

Home Address

Select your District Bodden Town West Bay East End George Town
 North Side Cayman Brac Little Cayman

Mailing Address

General Delivery Yes No

Email Address

Telephone Numbers

Are you Caymanian?

Please enclose original or certified copy of your birth certificate and a certified copy of your Caymanian Passport i.e. a certified copy of the photo page. If you are a Caymanian Status Holder, please attach a certified copy of your certificate.

Yes No

Are you retired from Sea?

Yes No N/A Seafarer's Spouse

Would you like to have the Seafarer's information included in the Register?

Yes No

Part 2: Seafarer's Details

This section only needs to be completed if this application is being completed by the spouse of a deceased Seafarer.

Seafarer's Full Name

<input type="text" value="First Name"/>	<input type="text" value="Middle Name"/>	<input type="text" value="Last Name"/>
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Did the Seafarer receive this benefit before passing? Yes No

Part 3: Details of Service

Name of Ship

Start Date

End Date

<input type="text"/>	<input type="text" value="dd/mm/yyyy"/>	<input type="text" value="dd/mm/yyyy"/>
<input type="text"/>	<input type="text" value="dd/mm/yyyy"/>	<input type="text" value="dd/mm/yyyy"/>
<input type="text"/>	<input type="text" value="dd/mm/yyyy"/>	<input type="text" value="dd/mm/yyyy"/>

Note: Documents and completed form must be sent to P.O. Box 895, Grand Cayman KY1-1103 or emailed to SeafarerGrantApplication@gov.ky or delivered to 55 Seafarer's Way, George Town, Grand Cayman.

Date and place of discharge

<input type="text" value="dd/mm/yyyy"/>
<input type="text"/>

*Please provide proof of discharge from ship, if any

Part 4: Marital Status

Marital Status

Single Married Divorced Seperated Civil Partnership Widowed

If you are a surviving spouse of a seafarer, have you remarried since his passing? Yes No

The following information should be completed for any living spouse or civil partner of the applicant.

Full Name

First Name Middle Name Last Name

Date of Birth dd/mm/yyyy **Place of Birth**

Home Address

House# Street Name

Apt# Bldg Name Neighbourhood

Select your District Bodden Town West Bay East End George Town
 North Side Cayman Brac Little Cayman

Mailing Address

P.O. Box Postal Code Post Office

General Delivery Yes No

Email Address

Telephone Numbers

Home Work Mobile

Next of Kin (complete if different from above)

Mr/Mrs/Ms

Relationship

Date of Birth dd/mm/yyyy **Place of Birth**

Home Address

House#	Street Name
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Apt#	Bldg Name	Neighbourhood
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Select your District

<input type="checkbox"/> Bodden Town	<input type="checkbox"/> West Bay	<input type="checkbox"/> East End	<input type="checkbox"/> George Town
<input type="checkbox"/> North Side	<input type="checkbox"/> Cayman Brac	<input type="checkbox"/> Little Cayman	

Mailing Address

P.O. Box	Postal Code
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Telephone Numbers

Home	Work	Mobile
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Email Address

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Due to my disability, I am authorising (Name)

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to be responsible for the handling of any Seafarer’s benefit that may be given to me.

I declare that the above information provided is true and correct.

Applicant Signature

Date

Justice of the Peace / Notary Public Signature

Date

Justice of the Peace / Notary Public (Print/Stamp Name)

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This application must be accompanied with certified copies of all the following documents:

- All relevant page(s) of the passport **(Seafarer and spouse if applicable)**
- Birth Certificate **(Seafarer and spouse if applicable)**
- Marriage Certificate or Certificate of Civil Partnership **(if applicable)**
- Proof of Residence in the Cayman Islands **(Land Registry Certificate or Utility Bill or Travel History)**
- Caymanian Status Certificate **(if applicable)**
- Medical Certificate **(if applicable)**
- Death Certificate of Seafarer or Affidavit Confirming Seafarer's Passing **(if applicable)**

Affidavit for Time Spent at Sea

Seafarer **MUST** submit their discharge papers. If they are not available, the form **MUST** be signed off by the Cayman Islands Seafarer's Association or the Veterans & Seafarer Society for Cayman Brac and Little Cayman. In order for the aforementioned associations to sign off on the form, the signees must be members of the respective Association/Society. Please note that the Association/Society may require a fee for this service.

I, of and I,
 of do hereby
Swear and say that of
 Cayman Islands, was a Seafarer and that he went to sea in
 and continued until .

Applicant Name _____
Signature

Name of Member _____
Signature

Name of Member _____
Signature

We, the Cayman Islands Seafarer's Association Council confirm that
was / was not a Seafarer.

Office Manager / Council Member Name

Signature

**Cayman Islands Seafarer's Association Veterans &
Seafarer Society, Cayman Brac and Little Cayman Stamp / Seal**

Date:

Applicant's Bank Details Form

Full Name

Telephone Numbers

Bank Name

Name of Account Holder(s)

Bank Transfer Number

The following MUST be provided for all banks except C.I. Civil Service Association Credit Union and Jamaican National. If unknown, please contact your bank directly to ascertain your bank transit number.

Account Number

Account Type

Savings Chequing

Bank Account Currency

CI US **Other**

Comments

Due to my disability, I am authorising (Name)

to be responsible for the handling of any Seafarer’s grant that may be given to me.

I, _____, (name of the applicant) declare that the above information provided is true and correct and I give authorization to the Cayman Islands Government to verify that my name is on the bank account stated above.

Applicant Signature

Date

Justice of the Peace / Notary Public Signature

Date

Justice of the Peace / Notary Public (Print/Stamp Name)

Note: Failure to provide accurate information may result in the applicant having to provide additional documents or information and/or the grant being denied.

Note: Documents and completed form must be sent to P.O. Box 895, Grand Cayman KY1-1103 or emailed to **SeafarerGrantApplication@gov.ky** or delivered to 55, 1st Floor Aqua Mall, George Town, Grand Cayman. Telephone: (345) 244-7229 and (345) 946-0024

Note: Pursuant to section 255 of the Penal Code - "A person who dishonestly, with a view to gain for himself or another or with intent to cause loss to another - destroys, defaces, conceals or falsifies any account or any record or document made or required for any accounting purpose; or (b) in furnishing information for any purpose, produces or makes use of any account, or any such record or document as aforesaid, which to his knowledge is or may be misleading, false or deceptive in a material particular, commits an offence and is liable to imprisonment for seven years."