



Continuation Certificate Seafarers/Veterans Ex-Gratia Benefit Recipients

Date:

The form must be completed by the Seafarer/Veteran or their surviving spouse, every three years, to confirm ongoing eligibility according to the established criteria. This process ensures that recipients continue to meet the requirements for receiving the benefit.

Part 1. Recipient Personal Details

☐ Seafarer ☐ Seafarer's Spouse ☐ Veteran ☐ Veteran's Spouse

Full Name of Recipient

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

Have you been physically present in the Cayman Islands
for a combined total of at least 8 months over the past 12 months? ☐ Yes ☐ No

If not, please provide the rationale for not being on island for at least 8 of the last 12 months.*

Part 2. Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ 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 recipient

Full Name

First Name	Middle Name	Last Name
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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
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General Delivery

- ☐ Yes ☐ No

Email Address

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Telephone Numbers

Home	Work	Mobile
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This form must be submitted with certified copies of all the following documents for the spouse if the recipient has been married since the approval of the application or after the latest submission of the Continuation Certificate.

- ☐ All relevant page(s) of the passport ☐ Caymanian Status Certificate (if applicable)
☐ Birth Certificate ☐ Marriage Certificate or Certificate of Civil Partnership

I, _____, (name of the recipient) make an oath and certify that I am the recipient of the Seafarer or Veterans Ex-Gratia Benefits and that I am eligible to continue receiving these benefits in accordance with the established eligibility criteria.

Applicant Signature

Date

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 Seafarers Way, 1st Floor Aqua Mall, George Town, Grand Cayman. Telephone:(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."