Department of
Financial Assistance
Cayman Islands Government

Release of Information Agreement for Seafarers/ Veterans Ex-Gratia Benefit Recipients

This Release of Information (ROI) form is to be completed by the Seafarer / Veteran or their surviving spouse. The intention of the ROI is to facilitate the Department of Financial Assistance being able to advocate freely on the Seafarer's / Veteran's or their spouse's behalf as well as to obtain and share relevant information directly related to the Seafarer / Veteran or their surviving spouse with the entities listed below.

Full Name

First Name | Middle Name | Last Name

Date of Birth dd/mm/yyyy **FAS ID**

Physical 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

I, the above–named acknowledge that this form will be used by the Department of Financial Assistance for the exchange of information between the following agencies and/or persons. I fully understand that contact will only be made in the instance where information is needed from that agency or where the Department of Financial Assistance needs to share pertinent information with another agency or person in order for me to receive and/or to determine if the eligibility criteria continues to be met in order to receive the ex-gratia benefit.

Required

- Cayman Islands Seafarers Association to verify application information.
- Customs and Border Control (CBC) and Workforce Opportunity Residency Cayman (WORC) for confirmation of residency requirements being met.
- All Cayman Islands Government Departments, Statutory Authorities, Boards and Committees, where confirmation is required from the DFA to support applications made by the Seafarer / Veteran or their surviving spouse.
- All Cayman Islands Local Banks, for the provision of source of funds letters and or payment related matters.
- All Local Health Care Facilities, where confirmation of medical travel details are required to be obtained.

345 946-0024 (Grand Cayman) | 345 948-8758 (Cayman Brac and Little Cayman) | Email: SeafarerGrantApplication@gov.ky

Optional (please specify)

☐ **Other: (Please specify)** _____

☐ **Other: (Please specify)** _____

I understand that the Department of Financial Assistance is authorized to share information with the agencies and individuals identified above. These agencies and individuals are also authorized to provide the Department of Financial Assistance with information relevant to me. This exchange of information may occur verbally or in writing, including through email communication.

_____	_____	_____
Printed name of Seafarer/Veteran or Surviving Spouse	Signature of Seafarer/Veteran or Surviving Spouse	Date

_____	_____	_____
Printed name of Witness	Signature of Witness	Date

Disclaimer: This Release of Information is valid for 3 years, in keeping with Part III - The Applicant, 2.9 of the Seafarer Ex-Gratia Benefit Eligibility Criteria.

Note: If this Release of Information is being signed by a Power Of Attorney (POA) or Legal Guardian, supporting documentation as well as ID for the individual(s) are required to be provided.

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