



# THE MARITIME FLOATING STAFF WELFARE TRUST

Abhishek Premises, Gr. Floor, unit No. 1 & 2, Dalia Industrial Estate,  
Kuber Complex Lane, Opp. SAB TV, New Link Road, Andheri (West), Mumbai - 400 053.  
Tel.: 2673 0306 / 07 / 09 Email:mail@mfswt.com

MFSWT No.: \_\_\_\_\_  
(For Office Use)

## Registration Form

### 1. Particulars of the Officer

Name \_\_\_\_\_  
Surname First Name Father's Name

Rank \_\_\_\_\_ Present Company \_\_\_\_\_

Residence Address \_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_ Resi. Tel. No. \_\_\_\_\_

Mobile \_\_\_\_\_ Email : \_\_\_\_\_

### 2. Last Vessel Details

Name of the Vessel \_\_\_\_\_ Signed on \_\_\_\_\_ Signed off \_\_\_\_\_

Name of Company \_\_\_\_\_

### 3. Bank Details (Only Savings Accounts of Officer / Wife only. Kindly attach cancelled cheque)

Name of A/c Holder \_\_\_\_\_

Bank Name \_\_\_\_\_ IFSC Code \_\_\_\_\_

Account No. \_\_\_\_\_ Branch \_\_\_\_\_

Bank Address \_\_\_\_\_

\_\_\_\_\_ Pin: \_\_\_\_\_

( P.T.O.)

#### 4. Particulars of Family Members

Name of Family Members in BLOCK LETTERS	Relationship	Date of Birth
a. _____	Wife	_____
b. _____	Children (up to 21 years)	_____
c. _____	Children (up to 21 years)	_____

5. Name of your family Doctor( if any) , his qualification and address \_\_\_\_\_  
\_\_\_\_\_

6. Are you and members of family given below in good health? if not, mention the ailments or treatment undergoing \_\_\_\_\_

7. Are you, your wife and / or children covered with any insurance company or any other medical scheme? If Yes please furnish details as under:  
Name of Insurance Company / Medical Scheme \_\_\_\_\_

Sum Insured \_\_\_\_\_ Policy Since \_\_\_\_\_

8. Is your wife employed? If Yes Please furnish details if she is covered with her company's medical Insurance if any \_\_\_\_\_

9. Wife's signature for verification if she submits appeal to the Trust's office when the Officer is on board / or appearing for exams \_\_\_\_\_

**I declare that information provided here in above is correct and true to the best of my knowledge.**

Date:

\_\_\_\_\_  
Signature of Officer / Wife