



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)

Name of A/c Holder _____

Bank Name _____ IFSC _____

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 _____
(under 21 years)

c. _____ Children _____
(under 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 the Officer
