



The Maritime Floating Staff Welfare Trust

Regd. No. E-14328 (Bombay) 1993 - Regd. Under Maharashtra Public Trust Act, 1950

Unit No. 1 & 2 AB, Abhishek Premises, Gr. Floor, Kuber Complex Lane,
Veera Desai Industrial Estate, Off New Link Road, Andheri - (W), Mumbai - 400 053
Tel: 48015707 / 08 / 09 Email: mail@mfswt.com Website: www.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 : _____ Date of Birth : _____ 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. _____	Son / Daughter (up to 21 years)	_____
c. _____	Son / Daughter (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 undergoin _____

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