



**OFFICE OF THE SEAMEN'S PROVIDENT FUND COMMISSIONER**  
**(Under Ministry of Shipping)**

ALL REPLIES SHOULD BE  
ADDRESSED TO THE COMMISSIONER

"KRUPANIDHI" 3<sup>RD</sup> FLOOR,  
9, WALCHAND HIRACHAND MARG,  
BALLARD ESTATE, MUMBAI - 400 001

Ref No. 137/II/ 2015 213

Date:

21 DEC 2015

**CIRCULAR No. 01 of 2015**

**Sub: Guidelines for filing of declaration/nomination by the Seamen for the purpose of opening an account & remittance of Provident Fund.**

The Shipping Companies agencies or employers employing Seaman are required to remit Provident Fund to whom the provisions of the Seamen's Provident Fund Act and Scheme, 1966 apply (as per Para 26 & 31 of the Scheme) and are also required, at the time of engaging a seaman as per the Articles of Agreement for employment on a ship, to ascertain from the seamen whether he is a member or not of the said Provident Fund.

2. In case he is a member, he is required to submit the Account Number allotted to him by the Commissioner of SPFO.
3. In case, he is not a member of SPFO fund, the employer shall require such seaman to furnish to the Commissioner of SPFO, the details of himself and his nominee on the Declaration & Nomination form-I (annexed with this circular as Annexure I), duly filled in complete, thumb impressed & signed by the Seaman in the presence of witnesses along with the seal & rubber stamp attestation of the competent authority.
4. In case of further modifications or other contents of the said Form-I, the seaman is required to furnish such details in Form-IV (Annexed with this circular as Annexure-II).
5. In case of withdrawal from the Provident Fund, the seamen are required to submit to the Commissioner of SPFO, duly filled in details in Application Form for withdrawal (Annexed with this circular as Annexure-III) together with Mandate Form (Annexure - IV), Advance Stamped Receipt (Annexure - V) and Check list in case of living seamen (Annexure - VI) or check list in case of deceased seamen (Annexure - VII).
6. All the Shipping Companies and Seafarers concerned are requested to comply the said provisions.
7. These guidelines are issued for general information in the public interest.

  
(Subhash Barguzer)  
Commissioner

Seamen's Provident Fund Organization  
Mumbai

Encl: As above.

Copy for information to:

- 1) INSA/MASSA/FOSMA/ICCSA/NUSI/MUI
- 2) DDG, E-Gov, DGS with a request to please place this circular in the DGS website.

Nº

Annexure—I

FORM - 1

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

# THE SEAMEN'S PROVIDENT FUND SCHEME, 1966

## DECLARATION AND NOMINATION FORM

( See Paragraphs 30 and 31 )

1. Full Name (in Block Capitals) \_\_\_\_\_
2. C. D. C. No. \_\_\_\_\_ 3. Registration No. \_\_\_\_\_ (Surname)
4. Identification or other Distinguishing Marks : \_\_\_\_\_
5. Father's Name \_\_\_\_\_ 6. Marital Status \_\_\_\_\_  
(whether unmarried, married, or widower)
7. Date of Birth \_\_\_\_\_ 8. Religion \_\_\_\_\_  
(Day) (Month) (Year)
9. Permanent Address \_\_\_\_\_  
(in Block capitals)

10. I declare that I have not previously been a member of Seamen's Provident Fund and I hereby nominate the person (s) mentioned below to receive the amount standing to my credit in the Fund in the event of my death before that amount has become payable or having become payable has not been paid and direct that the said amount shall be distributed among the said person (s) in the manner shown below against his / their name (s) :

Name and address of the nominee or nominees (in Block Capitals)	Nominee's relationship with the member	Whether minor or major, and if minor, the age of minor	Share Payable covering the whole amount	Full name and address of the person entitled as Guardian to receive payment on behalf of the minor nominee during minority

11. • Certified that I have no family as defined in paragraph 2 (e) of the Seamen's Provident Fund Scheme, 1966, and should I acquire a family hereafter, the above nomination should be deemed as cancelled.

12. • Certified that my father / mother is dependent upon me.

• (Delete if not necessary)

Signature and LEFT HAND THUMB  
impression of the MEMBER  
(Both in the case literate)

Place : \_\_\_\_\_ Date \_\_\_\_\_

13. Certified that this DECLARATION has been SIGNED and THUMB impressed by

Shri \_\_\_\_\_  
after he has read the entries or been made to UNDERSTAND them.

• • (The certificate to be filled by  
Employer or authorised officer)

Signature of the EMPLOYER or  
Authorised Officer  
Designation :

Place : \_\_\_\_\_ Full NAME and Address pf

Date : \_\_\_\_\_ the EMPLOYER with seal

### Witness

(I) Name \_\_\_\_\_ Signature \_\_\_\_\_ Full address \_\_\_\_\_

(II) Name \_\_\_\_\_ Signature \_\_\_\_\_ Full address \_\_\_\_\_

- Note : (1) Any changes with the above date at a future date should be reported on Form IV.  
(2) The authorised officer shall include the officers of the Government Shipping Offices. Seamen's Employment offices, Seamen's Welfare Offices and the Trustees.

नामजद या नामजदों का नाम और पता ( स्पष्ट अक्षरो में ) Name and address of the nominees (in Block Capitals)	सदस्य के साथ नामजद का रिश्ता Nominee's relationship with the member	क्या अल्प वयस्क या व्यस्क, और यदि अल्प वयस्क हो तो अल्पवयस्क की आयु Whether minor or major, and if minor the age of minor	संपूर्ण धनराशि में से देय हिस्सा Share payable covering the whole amount	नाबालिगी के दौरान अल्प व्यस्क नामजद की ओर से अदायगी प्राप्त करनेवाले अभिभावक के रूप में हकदार व्यक्ति का संपूर्ण नाम और पता Full name and address of the person entitled as Guardian to receive Payment on behalf of the minor nominee during minority.
1	2	3	4	5

2. परिवर्तन के लिए  
CHANGES FOR :

क) वैवाहिक स्थिति :

a) Marital Status

ख) स्थायी पता :

( स्पष्ट अक्षरों में )

b) Permanent address :

(In Block Capitals)

ग) प्रपत्र I पर कोई अन्य विवरण :

c) Any other details on Form I :

घ)

d)

3. प्रमाणित किया जाता है कि नाविक भविष्य निधि 1966, के पैराग्राफ 2 (ई.) में परिभाषित के अनुसार मेरा कोई परिवार नहीं है और यदि भविष्य में मेरा परिवार हो जाय तो इस नामजद प्रपत्र को रद्द समझा जाना चाहिए ।

\*Certified that I have no family as defined in paragraph 2 (e) of the Seamen's Provident Fund Scheme 1966, and should I acquire a family hereafter, the above Nomination should be deemed as cancelled.

4. प्रमाणित किया जाता है की मेरा पिता/माता मुझपर आश्रित हैं ।

\*Certified that my father / mother is dependent upon me.

\* ( यदि आवश्यक न हो काट दें । )

\* (Delete if not necessary)

सदस्य के हस्ताक्षर और बायें हाथ की  
अंगूठा निशानी

Signature and LEFT HAND THUMB  
impression of member

तारीख :

Date : \_\_\_\_\_

स्थान :

Place : \_\_\_\_\_

( साक्षरता के मामले में दोनों  
(Both in the case of literature)

5. प्रमाणित किया जाता है कि यह घोषणा पत्र श्री: \_\_\_\_\_

ने इसमें दी गई प्रविष्टियां पढ़ने के पश्चात या उन्हें यह समझा दिये जाने पर मेरा समक्ष हस्ताक्षर किए और अंगूठा निशानी लगाई ।

Certified that this declaration has been signed and thumb impressed before by me

Shri \*\* \_\_\_\_\_ after he has read the entries or been

made to understand them.

\*( प्रमाणपत्र नियोक्ता या प्राधिकृत अधिकारी द्वारा भरा जाए । )

\*(The certificate to be filled by Employer or authorised Officer)

स्थान :

Place : \_\_\_\_\_

नियोक्ता या प्राधिकृत अधिकारी के हस्ताक्षर

Signature of the EMPLOYER or  
Authorised Officer

तारीख :

Date : \_\_\_\_\_

पदनाम :

Designation : \_\_\_\_\_

मोहर के साथ नियोक्ता का संपूर्ण नाम  
और पता

Full name and address of Employer with seal

गवाह :

Witness : \_\_\_\_\_

(1)	नाम Name _____	हस्ताक्षर Signature _____	संपूर्ण पता : Full address _____
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(2)	नाम Name _____	हस्ताक्षर Signature _____	संपूर्ण पता : Full address _____
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नोट : प्राधिकृत अधिकारी के अन्तर्गत सरकारी शिपिंग कार्यालयों, नाविक नियोजन कार्यालयों, नाविक कल्याण कार्यालयों ट्रस्टियों और नाविक नियोजन बोर्ड के सभी सदस्य शामिल हैं।

**Note :** The Authorised Officer shall include the officers of the Government Shipping Offices, Seamen's Employment Offices, Seamen's Welfare Offices, the Trustees and all members of the Seamen's Employment Board.

Tel: 2616925 / 2674634  
Fax : 022-2616924

Telegram "SEAMENFUND"  
Email : spfac@bol.net.in

**SEAMEN'S PROVIDENT FUND ORGANISATION, MUMBAI**

'Krupanidhi, 3rd Floor, 9, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001.

**THE SEAMEN'S PROVIDENT FUND SCHEME, 1996**

Application form for (a) **Final Withdrawl (F.W.) for Living and Deceased**  
(b) **Non-refundable Withdrawl (N.R.W.)** (i) under para 58-A for **un-employment-10% of member's own accumulation** (ii) **58-B for Illness-25% of member's own accumulation** (iii) (a) 58-C (a) for **Purchase / Construction - 75%** Maximum of employer and members own accumulation (b) for additions/repairs/alteration - 25% of members own accumulation and (iv) 58-E for **Marriage/Higher Education-50% of member's own accumulation.**

**NOTE: FOR NRW COMPLETE PART-I,II,IV & V ONLY and FOR F.W. COMPLETE PART-I,III,IV & V ONLY**  
(Please send zerox copy of CDC Book, 1st Page only)

**PART-I**

1. Name of Seaman \_\_\_\_\_ CDC No. \_\_\_\_\_  
(IN BLOCK LETTERS)

Regn. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ 2. Father's Name \_\_\_\_\_

**PART-II**

**(FOR NON-REFUNDABLE WITHDRAWL)**

3 Amount of Non-Refundable withdrawl required Rs \_\_\_\_\_ Under para 58-A, 58-B, 58-C, 58-E,  
(Please strike out which ever is not applicable)

4. Purpose for which withdrawl is required \_\_\_\_\_  
(Proof of same to be attached. For Construction of Dwelling House enclose:-  
(i) No Objection Certificate from concerned Authority. (iii) Approved Plan (iii) Cost of Estimate certificate attested from Competent Authority, (iv) For Purchase of New House/Flat Attested copy of Sale Deed, for illness doctor certificate and for marriage card/Higher education certificate.

**PART - III**

**(FOR FINAL WITHDRAWL LIVING AND DECEASED SEAMAN)**

(Please send Xerox copy of C.D.C. Book, all pages)

5. Applicant name & relationship with the Seaman (if Deceased) (IN BLOCK LETTERS) \_\_\_\_\_

6. (a) Whether CDC/Regn. cancelled : YES/NO ((If Yes attach Xerox copy of the Cancellation Order **OR** death certificate, if seaman was expired)

OR

(b) Reasons for claiming final withdrawl of Provident Fund \_\_\_\_\_

**PART - IV**

7. Please indicate the manner in which payment is desired;  
(a) Postal Money Order after deducting Money Order Commission (b) Cross cheque (Mention bank, branch & account Number \_\_\_\_\_) (c) Demand Draft (Mention name of nearest State Bank of India, Branch & account No. \_\_\_\_\_)

8. (a) Address for remittance (IN BLOCK LETTERS) \_\_\_\_\_

OR

(b) To be collected in S.P.F. Office \_\_\_\_\_

Place :

Date :

Sign/L.H.T.I. of the Applicant  
\* Sign/R.H.T.I. of the Applicant

**PART - V (TO BE FILLED BY THE CERTIFYING OFFICER)**

Certified that the above declaration from has been signed/thumb impressed by  
Shri/Smt \_\_\_\_\_ CDC No. \_\_\_\_\_ before me.

Identification Marks:

Place:

Date:

Office Seal of the  
Attesting Authority

Address

Name & Signature of the  
Attesting Authority

**Note :** To be attested with official seal and Date by any one of the following :

(1) Employer. (2) Magistrate (3) Gazetted Officer (4) Post/Sub Post Master (5) President of the Village Union (6) President of Village Panchayat where there is no union Board (7) Chairman/Secretay/Member of the Municipal/District Local Board (8) Member of Parliament/Legislative Assembly (9) Member of Board of Trustees (10) Any office bearer of the National Union of Seafarers of India, Mumbai, Forward / Seamen's Union of India, Kolkatta and Jahazi Mazdoor Union, Mumbai.

**Note :** Xerox copy, print copy of this form accepted as true subject to furnishing all required information  
Satisfy yourself S.P.F.O. do not take responsibility for misuse.

टेलिफोन : 2616925 / 2674634  
फ़ैक्स : 022-2616924

तार - "सीमेनफंड"

ईमेल पता : एसपीएफएसी@बीओएल.एनईटी.आईएन

## नाविक भविष्य निधि संगठन, मुंबई

कृपानिधि ३ रा माला 9 वालचन्द हीराचन्द मार्ग बॅलार्ड इस्टेट, मुंबई

### नाविक भविष्य-निधि योजना 1966

आवेदन पत्र (क) अन्तिम निकासी (फाईनल विदड्रावल) जीवित एवं मृतक नाविकों के लिए

(ख) अप्रत्यक्षणीय निकासी (नान-रिफैन्डेबल विदड्रावल) (i) पैरा 58-क के अन्तर्गत बेरोजगार के लिए स्वम की जमा राशि से 10% देय । (ii) पैरा 58-ख के अन्तर्गत बीमारी के लिए स्वम की जमा राशि से 25% देय (iii) पैरा 58-ग(अ) मकान खरीदने / निर्माण के लिए स्वम एवं नियोक्ता द्वारा जमा राशि का 75% तक देय । (ब) अतिरिक्त निर्माण / मरम्मत के लिए स्वम का 25% देय । (iv) पैरा 58-ई स्वम एवं परिवार के शादी / उच्च शिक्षा के लिए 50% स्वम की जमा राशि से देय ।

नोट : अप्रत्यक्षणीय निकासी (एन आर डब्लू) के लिए भाग I, II, IV और भाग V एवं अन्तिम निकासी (फाईनल विदड्रावल) के लिए I, III, IV और V को सदस्यों द्वारा भरा जाय । (कृपया सी.डी.सी. बुक के प्रथम पेज का जीराक्स कापी भेजिए)

#### भाग - I

1. संपूर्ण नाम (स्पष्ट अक्षरों में) \_\_\_\_\_ सातत्य सेवा प्रमाण पत्र सं. \_\_\_\_\_  
पंजीकरण सं. \_\_\_\_\_ जन्म तारीख \_\_\_\_\_ 2. पिता जी का नाम \_\_\_\_\_

#### भाग - II

(अप्रत्यक्षणीय निकासी (नान-रिफैन्डेबल विदड्रावल))

3. अप्रत्यक्षणीय निकासी की अपेक्षित धनराशि रुपये \_\_\_\_\_ पैरा 58-क, 58-ख, 58-ग, 58-ई.  
(जो जरूरत नहीं है उसे काट दिया जाय )  
4. वह उद्देश्य जिसके लिए अपेक्षित निकासी है \_\_\_\_\_ (उसका प्रमाण संलग्न किया जाय अगर पैरा 58 - ग मकान खरीदने / निर्माण या अतिरिक्त निर्माण के लिए हो तो निम्न लिखित प्रमाण संलग्न किजिए ।  
(1) सक्षम अधिकारी से अनापत्ति प्रमाण पत्र (2) अनुमोदिन प्लान (3) अनुमानित खर्चा किसी सक्षम अधिकारी से सत्यापित कराकर । बीमारी के लिए डाक्टर प्रमाणपत्र, शादी के लिए शादी का कार्ड या उच्च शिक्षा प्रमाणपत्र ।

#### भाग - III

(जीवित एवं मृतक नाविकों के अन्तिम (फाइनल विदड्रावल) के लिए)

कृपया (सी.डी.सी.) सातत्य सेवा प्रमाण पत्र के सभी पेजों की जीराक्स प्रतिलिपि इस आवेदन पत्र के साथ भेजिए ।

5. आवेदक का नाम व मृतक के साथ रिस्ता (यदि नाविक मृतक है ) स्पष्ट अक्षरों में \_\_\_\_\_  
6. (अ) क्या सी.डी.सी. पंजीकरण बुक रद्द कर दिया है हाँ / नहीं यदि हाँ तो निरस्त किया हुआ आदेश की जीराक्स प्रतिलिपि आवेदन के साथ जोड़ा जाय यदि नाविक मर गया हो तो उसका मृत्यु प्रमाण पत्र भेजिए । (ब) देय भविष्य-निधि अन्तिम निकासी के लिए दावा करने का कारण व तारीख \_\_\_\_\_

#### भाग - IV

7. कृपया उस तरीके को सूचित करे जिससे अदायगी करवाना चाहते है :

(क). क्राश चैक (ख). धनादेश कमीशन कम करने के बाद (कृपया अपने बैंक का खाता सं. एवं शाखा का नाम दे ) (ग). डिमांड ड्राफ्ट (कृपया अपने नजदीक के भारतीय स्टेट बैंक का खाता सं. एवं शाखा का नाम दे)

8. (क) पता, चैक / धनादेश / डिमांड ड्राफ्ट भेजने के लिए \_\_\_\_\_

या

(ख) क्या चैक नाविक भविष्य निधि कार्यालय में ही प्राप्त करना है \_\_\_\_\_

स्थान :

तारीख :

\* मृतक नाविक के परिवार के सदस्य - स्त्री महिला के लिए

आवेदक के हस्ताक्षर बाँये हाथ की अंगुठा निशानि

\* आवेदक के हस्ताक्षर दाहिने हाथ की अंगुठी निशानी

#### भाग - V

(साक्ष्यांकन प्राधिकारी द्वारा भरा जाय)

प्रमाणित किया जाता है कि श्री \_\_\_\_\_ सी.डी.सी. सं. \_\_\_\_\_

ने उपयुक्त घोषणा पत्र मेरे समक्ष भरकर अंगुठा निशानी लगाई जिनके पहचान चिन्ह है \_\_\_\_\_

स्थान :

दिनांक :

साक्ष्यांकन करने वाले प्राधिकारी

साक्ष्यांकन प्राधिकारी का नाम हस्ताक्षर मोहर के साथ

(1) नियोक्ता (2) न्यायधीश (3) राजपलित अधिकारी (4) डाकपाल, उप-डाकपाल (5) प्रधान ग्राम यूनियन (6) ग्राम पंचायत का अध्यक्ष जहाँ यूनियन बोर्ड न हो (7) नगरपालिका / जिला बोर्ड या स्थानिय बोर्ड के अध्यक्ष / सचिव सदस्य (8) संसद सदस्य / विधान सभा सदस्य (9) न्यासी मंडल के सदस्य (10) भारतीय समुद्री व्यावसायिकों की राष्ट्रीय यूनियन, मुंबई/ जहाजी मजदूर यूनियन, मुंबई / भारतीय सागरगामियों की फारवर्ड यूनियन कलकत्ता/ का कोई पदाधिकारी ।

नोट : इस फार्म की जीराक्स प्रतिलिपि प्रिन्टिंग प्रतिलिपि एवं फोटो प्रतिलिपि भी निकाल कर आप दिये गये विषय के अनुसार पूर्ण रूप से भर कर इस कार्यालय को भेज सकते हैं । इसे यह कार्यालय स्वीकार करेगा । यह फार्म आपके सुविधा के लिए बनाया गया है । इसका गलत प्रयोग करने पर आ.भ.नि.सं. जिम्मेवार नहीं है ।

**MANDATE FORM**

To,  
The Commissioner,  
Seamen's Provident Fund Organization (SPFO),  
"Krupanidhi", 3<sup>rd</sup> Floor, 9, Walchand Hirachand Marg,  
Ballard Estate, Mumbai – 400 001

Date: \_\_\_\_\_

Dear Sir,

**Sub: Remittance of Amount through RTGS/NEFT.**

I am holding Account at \_\_\_\_\_ (Name of the Bank),  
\_\_\_\_\_ (Branch). A copy of cheque leaf in respect of my Account  
No. \_\_\_\_\_ is enclosed herewith, duly CANCELLED.

2. I hereby authorize you to direct Syndicate Bank, 10, Homji Street, 1<sup>st</sup> Floor, Fort, Mumbai  
– 400 023 to make remittance through RTGS/NEFT on the basis of information furnished here  
below:-

(i) Name: \_\_\_\_\_

(ii) Amount (to be filled by SPFO): (In Figures) \_\_\_\_\_  
(Amount in Words) \_\_\_\_\_

(iii) Bank Account No.: \_\_\_\_\_

(iv) Bank Name/Branch: \_\_\_\_\_

(v) IFSC/RTGS Code: \_\_\_\_\_

(vi) CDC No. \_\_\_\_\_

(vii) Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(viii) Phone No. \_\_\_\_\_

3. Thanking you,

Yours faithfully,

(Signature)

From:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Encl: - 1 Cancelled Cheque Leaf

Copy to:-

Syndicate Bank, 10 Homji Street,  
1<sup>st</sup> Floor, Fort, Mumbai – 400 023.

पेशगी रसीद / Advance Stamped Receipt

Annexure-V

स्थान / Place

दिनांक / Date :

मैंने आयुक्त नाविक भविष्य-निधि संगठन, मुम्बई से एक चैक/ड्राफ्ट रु.

(रुपये

केवल) के

लिए प्राप्त किया जो कि नाविक भविष्य निधि योजना, १९६६, के अन्तर्गत मेरी अन्तिम / अप्रत्यर्णीय निकासी अनुच्छेद 58-क, 58-ख, 58-ग, और 58-घ, को प्रतिबोधित करता है।

Received from the Seamen's Provident Fund Commissioner, Mumbai a cheque/draft for Rs.

(Rs.

only) representing my

Final / Non-refundable withdrawal, under para 58-A, 58-B, 58-C, and 58-E of the Seamen's Provident Fund Scheme, 1966

१ रु. के रसीद टिकट चिपकाकर उसके उपर हस्ताक्षर किजीए

Affix Rs. 1 revenue stamp and sign  
over it here

Signed before me  
Attested by

Tahsildar / Mamlatdar / Sarpanch / Employer /  
NUSI / Gazatted Officer / FSUI

हस्ताक्षर / दाए / बाए / हाथ का

अंगुठा निशानी

Sign L.H.T.I./R.H.T.I.

श्री / श्रीमती

Shri./Smt.

सी. डी. सी. संख्या

C.D.C. No.

अनुक्रमांक

Sr. No.

SEAMEN'S PROVIDENT FUND ORGANIZATION, MUMBAI**LIST OF DOCUMENTS FOR APPLICATION OF FINAL WITHDRAWAL OF  
PROVIDENT FUND DUES (LIVING SEAMAN)**

Sr. No.	Particulars	Yes / No (Delete as applicable)	Remark
<b>Retirement on Superannuation / Voluntary / Medically Unfit / CoC holder</b>			
1	Application Form is attested by the Competent Authority.	Yes / No	
2	Advance Stamp Receipt is attested by the Competent Authority and Re.1/- Revenue Stamp affixed.	Yes / No	
3	Attested photocopy of all pages of CDC Book (Old / New).	Yes / No	
4	Bank Cheque Leaf and attested photocopy of Bank Passbook.	Yes / No	
5	Is the Bank Account is jointly held by a person other than the nominee? (If yes, the seaman is not entitled to receive payment through NEFT / RTGS).	Yes / No	
6	Name of seaman as it appears on CDC Book and Bank Account is the same.	Yes / No	
7	Attested photocopy of the Registration Cancellation Order or letter from Shipping Master for obtaining Final Withdrawal of Provident Fund is enclosed.	Yes / No	
8	Attested photocopy of Medical Unfitness Certificate from Competent Authority is enclosed.	Yes / No	
9	Ensure the Final Withdrawal Application is completed in all respect.	Yes / No	
<b>Additional requirements for Final Withdrawal on the ground of obtaining Certificate of Competency ( CoC)</b>			
10	Attested photocopy of Certificate of Passed Mate Exam / CoC.	Yes / No	
11	6 years membership completed in the Fund.	Yes / No	

Date:

Place:

Signature of Applicant

**SEAMEN'S PROVIDENT FUND ORGANIZATION, MUMBAI****LIST OF DOCUMENTS FOR APPLICATION OF FINAL WITHDRAWAL OF  
PROVIDENT FUND DUES (DECEASED SEAMAN)**

Sr. No.	Particulars	Yes / No	Remark
1	Documents in support of the nominee of the deceased seafarer (If applicant is other than nominee; sl.No.8 is required)	Yes / No	
2	Application Form attested by the Competent Authority	Yes / No	
3	Advance Stamp Receipt is attested by the Competent Authority and Re.1/- Revenue Stamp affixed.	Yes / No	
4	Attested photocopy of all pages of CDC Book (Old / New).	Yes / No	
5	Mandate Form completed in all respect.		
6	Bank Cheque Leaf or attested photocopy of Bank Passbook.	Yes / No	
7	Attested photocopy of Death Certificate of the deceased seaman.	Yes / No	
8	Legal Heirship Certificate from District Magistrate or Succession Certificate from Competent Authority.	Yes / No N. A.	
9	Final Withdrawal Application is completed in all respect.	Yes / No	
10	If Address differs proof of address	Yes / No	

Place  
Date

Signature of Applicant