

MINISTRY OF COMMUNITY AFFAIRS

Tel: 345-244-2424

Fax: 345-949-3896



Cayman Islands Government
Government Administration Building
Elgin Avenue, George Town
Box 110, Grand Cayman KY1-9000
CAYMAN ISLANDS

CONFIDENTIAL

APPLICATION FORM FOR CAYMANIAN SEAMEN'S GRANT

This form must be signed by the Applicant (Seamen or his surviving spouse). Person making/signing the Application/Affidavit should note that he/she may be called upon at any time to substantiate the information provided in the said Application/Affidavit.

PLEASE ANSWER ALL QUESTIONS

- 1. Full name of Applicant (surname/first/middle) _____
- 2. Is the Applicant known by any other name? _____
- 3. Are you retired from Sea? Yes No .

PLEASE SUPPLY CERTIFIED COPIES OF THE RELEVANT DOCUMENTATION REQUESTED

- 4. Are you a Caymanian? Yes No . Please enclose original or **certified copy** of your birth certificate and a **certified copy** of your Caymanian Passport i.e. a **certified copy** of the photo page. If you are a Caymanian Status holder, please attach a **certified copy** of your certificate.
- 5. Address (P.O. Box) _____ (Postal Code) _____
- 6. Physical Address (House number) _____ (Street) _____ (District) _____
- 7. Phone numbers (H) _____ (W) _____ Cell.# _____
- 8. Email Address _____
- 9. Date of birth of Applicant _____ (day/month/year) Age _____
- 10. Place of birth _____
- 12. When did you go to sea? (Details of Service)
 - From _____ to _____ Name of ship _____
 - From _____ to _____ Name of ship _____
 - From _____ to _____ Name of ship _____
- 13. Date and place of discharge _____ (please provide proof of discharge from ship, if any)
- 14. Marital Status: SINGLE MARRIED DIVORCED WIDOWED

15. Name of spouse (Surname/first/middle) _____
16. Spouse's date of birth _____ (day/month/year)
17. Is the spouse a surviving spouse? Yes No
18. Address for Spouse (P.O. Box) _____ (Postal Code) _____
19. Spouse Phone numbers (H) _____ (W) _____ Cell.# _____
20. Spouse Email Address _____
21. Next of kin (complete if different from spouse) Mr/Mrs/Ms _____
(Surname first middle)
22. Relation _____ P.O. Box _____ District _____ Telephone _____
23. Due to my disability, I am authorizing (Name) _____ to be responsible for the handling or any Seamen's grant that may be given to me. My disability is _____
_____ **(Please attach doctor's certification letter).**

I, _____ (name of applicant) declare that the above information provided is true and correct.

SIGNATURE OF APPLICANT

**JUSTICE OF THE PEACE/
NOTARY PUBLIC (Signature)**

**JUSTICE OF THE PEACE/
NOTARY PUBLIC (Stamp/Seal)**

Date: _____

Please note: Failure to provide accurate information may result in you having to supply additional documents or information and/or that the grant being denied.

THIS APPLICATION MUST BE ACCOMPANIED WITH CERTIFIED COPIES OF ALL THE FOLLOWING DOCUMENTS:

- Relevant page(s) of the passport (Seaman and spouse if applicable)
- Birth Certificate (Seaman and spouse if applicable)
- Marriage Certificate (if applicable)
- Proof of Residence in the Cayman Islands (Land Registry Certificate OR Utility Bill OR Travel History)
- Caymanian Status Certificate (if applicable)
- Medical Certificate (if applicable)
- Death Certificate of Seaman (if applicable)

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AFFIDAVIT FOR TIME SPENT AT SEA

Seamen ***MUST*** submit their discharge papers, if they are not available, this form ***MUST*** be signed off by the Cayman Islands Seafarer's Association or the Veterans & Seamen Society for Cayman Brac and Little Cayman. In order for the aforementioned associations to sign off on the form, the signees must be members of the respective Association/Society. Please note that the Association/Society may require a fee for this service.

1. I, _____ OF _____ AND

2. I, _____ OF _____, do hereby Swear and say that-

Mr. _____ of _____, Cayman Islands, was a Seaman and that he went to sea in _____ and continued until _____.

NAME OF APPLICANT (print name)

SIGNATURE OF APPLICANT

1. NAME OF SIGNEE (print name)

SIGNATURE OF SIGNEE

2. NAME OF SIGNEE (print name)

SIGNATURE OF SIGNEE

This is to confirm that _____ was a Seaman / was not a Seaman.

**CAYMAN ISLANDS SEAFARER'S ASSOCIATION
VETERANS & SEAMEN SOCIETY, CAYMAN BRAC AND LITTLE CAYMAN**

STAMP/SEAL OF THE ASSOCIATION/SOCIETY

Date: _____

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SEAMEN/ VETERAN DETAIL BANK FORM

(A bank statement may be required in order to verify that the Seaman is on the account stipulated)

DATE: _____

APPLICANT'S NAME: _____

NAME(S) OF ACCOUNT HOLDER: _____

BANK: _____

ACCOUNT NUMBER: _____

APPLICANT'S SIGNATURE: _____

ACCOUNT HOLDER'S SIGNATURE: _____

COMMENTS: _____

Please deliver completed form to the Government Administration Building for the attention of the **Ministry of Community Affairs**.

I, _____ (name of applicant) declare that the above information provided is true and correct and I give authorization to the Cayman Islands Government to verify that my name is on the account stated above.

SIGNATURE OF APPLICANT

**JUSTICE OF THE PEACE/
NOTARY PUBLIC (Signature)**

**JUSTICE OF THE PEACE/
NOTARY PUBLIC (Stamp/Seal)**

Date _____

Please note: Failure to provide accurate information may result in you having to supply additional documents or information and/or that the grant being denied.

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**SEAMEN'S EX-GRATIA BENEFITS
AFFIDAVIT FOR TOTAL PERSONAL INCOME**

What is your total personal income?

Please complete **ALL** questions in the below table and add **ALL** the sources of income together to show the total personal income for the month.

SOURCE OF INCOME		INCOME
(a)	Employed Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Retired <input type="checkbox"/>	
(b)	Salary Received Per month <input type="checkbox"/> Per week <input type="checkbox"/>	CI\$
(c)	Spouse Employed Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Retired <input type="checkbox"/>	
(d)	Social Security (USA)	CI\$
(e)	Financial Assistance (CI Government)	CI\$
(f)	Pension per month	CI\$
(g)	Any other form of grant	CI\$
(h)	Do you own rental units? Yes <input type="checkbox"/> No <input type="checkbox"/> Income per month	CI\$
(i)	Are you receiving an Ex-Servicemen (Veterans) Grant? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(j)	Do you own your own business? Yes <input type="checkbox"/> No <input type="checkbox"/> Name of Business? _____	
(k)	Income from company	CI\$
(l)	Other income (indicate type and amount) Type: _____	CI\$
TOTAL PERSONAL INCOME FOR THE MONTH		CI\$

INCOME AFFIDAVIT

I, _____ (Name of applicant) of _____ (district)

declare that the above information provided is true and correct.

SIGNATURE OF APPLICANT

Sworn to before me on this _____ day of _____ 20____ at _____.

**JUSTICE OF THE PEACE/
NOTARY PUBLIC (Signature)**

**JUSTICE OF THE PEACE/
NOTARY PUBLIC (Stamp/Seal)**

Date: _____

Please note: Failure to provide accurate information may result in you having to supply additional documents or information and/or the grant being denied/revoked. If your financial position changes you are required to inform the Ministry of Community Affairs.