

To: The Welfare Committee
 Singapore Organisation of Seamen
 52 Chin Swee Road, #09-00 Seacare Building
 Singapore 169875

Dear sirs,

APPLICATION FOR WELFARE BENEFIT

I, _____ of Membership No. _____ and
 contact no. _____ hereby submit my application for the following benefit:

	Death benefit for members' dependant
	Dental Extraction
	Hospitalisation
	Financial Hardship / Medically Boarded Out
	Wedding Gift
	Birth of Child
	Insurance
	Visit

With this, I attached the necessary documents to support my application. I certify that the details given above are true and correct and understand the decision of the committee is final. Thank you.

Yours faithfully,

 Signature of member

 Date

FOR OFFICE USE:

Subscription Due:		Benefit granted:		Approved by & Date:	
Length of Union Membership:		Remarks:		Not Approved by & Date:	