

Please write clearly including accented alphabets and provide correct and complete information to ensure that your records are kept accurately in our database. Incomplete nomination form will delay the application process.



To: Singapore Organisation of Seamen
c/o LSA Consultancy & Management Services, Inc.
Unit 515, 5th Floor, S&L Building, 1500 Roxas Boulevard Ermita, Manila, 1000

Seacare Medical Scheme (SMS) Nomination Form

Particulars of Qualified SOS Filipino Member Check box if this is your 1st application into the scheme

FAMILY NAME _____ FIRST NAME _____ MIDDLE NAME _____

FAMILY ADDRESS
NO. _____ STREET _____ CITY _____ PROVINCE _____ ZIP CODE _____

DATE OF BIRTH (DAY/MONTH/YEAR) _____ PASSPORT NO. _____ MARITAL STATUS
 SINGLE MARRIED

HOME TEL. NO.: _____ MOBILE. NO.: _____

EMAIL ADD: _____

Current Employment Status

VESSEL NAME _____ RANK _____ SIGN ON DATE (DAY/ MONTH/YEAR) _____

CONTRACT PERIOD (MONTHS) _____ NAME OF CREW WHOM YOU REPLACED _____

Particulars of Dependents

Nominee 1 (Father)

FAMILY NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH (DAY/MONTH/YEAR) _____ / _____ / _____ RELATIONSHIP WITH MEMBER
FATHER (for single qualified member only)

Nominee 2 (Mother)

FAMILY NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH (DAY/MONTH/YEAR) _____ / _____ / _____ RELATIONSHIP WITH MEMBER
MOTHER (for single qualified member only)

Nominee 3 (Wife)

FAMILY NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH (DAY/MONTH/YEAR) _____ / _____ / _____ RELATIONSHIP WITH MEMBER
WIFE (for married qualified member only)

Nominee 4 (Unmarried dependent below 18 years of age)

FAMILY NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH (DAY/MONTH/YEAR) _____ / _____ / _____ RELATIONSHIP WITH MEMBER
BROTHER/SISTER/SON/DAUGHTER*

Particulars of Dependents

Nominee 5 (Unmarried dependent below 18 years of age)

FAMILY NAME _____ FIRST NAME _____ MIDDLE NAME _____
DATE OF BIRTH (DAY/MONTH/YEAR) ____/____/____ RELATIONSHIP WITH MEMBER
BROTHER/SISTER/SON/DAUGHTER*

Nominee 6 (Unmarried dependent below 18 years of age)

FAMILY NAME _____ FIRST NAME _____ MIDDLE NAME _____
DATE OF BIRTH (DAY/MONTH/YEAR) ____/____/____ RELATIONSHIP WITH MEMBER
BROTHER/SISTER/SON/DAUGHTER*

Nominee 7 (Unmarried dependent below 18 years of age)

FAMILY NAME _____ FIRST NAME _____ MIDDLE NAME _____
DATE OF BIRTH (DAY/MONTH/YEAR) ____/____/____ RELATIONSHIP WITH MEMBER
BROTHER/SISTER/SON/DAUGHTER*

Nominee 8 (Unmarried dependent below 18 years of age)

FAMILY NAME _____ FIRST NAME _____ MIDDLE NAME _____
DATE OF BIRTH (DAY/MONTH/YEAR) ____/____/____ RELATIONSHIP WITH MEMBER
BROTHER/SISTER/SON/DAUGHTER*

**Delete as appropriate*

Declaration by Member /Crewing Agent/Employer

By signing below:

- I am applying for the Seacare Medical Scheme (SMS) benefits for myself and on behalf of my dependents;
 I am applying for the Seacare Medical Scheme (SMS) benefits on behalf of my crew members and his dependents;

I hereby certify that information and statements in his application are all true and correct to the best of my knowledge. I understand and acknowledge that any false information or statements given in this application shall be sufficient reason for disqualification under the SMS and possible criminal prosecution for falsification.

Signature of Member/Name & Signature of Authorised Personnel

Official Stamp of Crewing Agent/Employer

Date

FOR OFFICIAL USE ONLY

Date received: _____

Approved by: _____
Name & Signature

Checked by: _____