

Seacare Maritime Training Scheme (SMTS) Reimbursement Application Form



seAcare
Seacare Thrift Pte Ltd
52 Chin Swee Road #08-00
Seacare Building Singapore 169875
Tel: +65-63795666 Fax: +65-68363976
E-mail: thrift@seacare.com.sg
Website: www.seacare.com.sg

Company Details

Name of Company : _____

Address: _____

Name of Authorised Staff: _____ Designation: _____

Email: _____ Contact no: _____

Course Details

Name of Course: _____ Date of Course: _____

Venue / Country: _____ Number of Trainees: _____

Course Fees per Trainee: _____ Total course fees: _____

Claim Amount per Trainee: _____ Total Claim Amount: _____
(up to 50% of training expenses or S\$300/- per trainee)

Payment Details

Payment in cheque to be crossed and made payable to account name: _____

Terms and Conditions

- 1) Application will only be applicable for Shipping Companies
 - a. which have valid SOS Collective Bargaining Agreement (CBA) which participates in the SMTS;
 - b. whose SMTS dues have been paid-up; and
 - c. which engage Singapore Organisation Of Seamen (SOS) approved Training Institutions.
- 2) Number of Trainees eligible for reimbursement is based on the SMTS fund contribution.
- 3) All application forms must be submitted to SOS / STPL within 3 months after the course/ receipt of invoice (whichever is earlier).
- 4) This application is subject to the approval by the SOS's Executive Committee (EXCO).
- 5) All application forms must be attached with the relevant invoices.
- 6) All incomplete application form will be rejected.
- 7) SOS reserves the rights to reject / accept any application.
- 8) Seacare Thrift Pte Ltd (STPL) as the Manager of the Course reserves the rights to request for further supporting documents or verification to determine the proper identification of the Applicant.
- 9) All bank and remittance charges (if any) shall be borne by the Applicant.
- 10) By filling in this application form, you acknowledge and accept that disclosure of your Information to our Affiliates or Participants or such other third party for the purpose of providing you with the required services. Such disclosure and use of such Information may be necessary or inevitable for the purposes of giving effect to any Instruction from you. Failure to allow such disclosure, access to or use of your Information may result in our inability to offer or continue to offer the Services to you. Seacare Thrift Pte Ltd as the Manager of the Course reserves the rights to request for further supporting documents or verification to determine the proper identification of the Applicant.
- 11) By providing Personal Data relating to a third party (e.g. information of your crew) to us, you represent and warrant that the consent of that third party has been obtained for the collection, use and disclosure of the Personal Data for the purposes listed above.
- 12) You may withdraw your consent given for any or all purposes set out in this application in writing to us. If you withdraw your consent to any or all purposes and depending on the nature of your request, SOS and Seacare Thrift Pte Ltd may not be in a position to continue to provide our products or services to you.
- 13) Your Personal Data is retained to the extent one or more of the purposes for which it was collected remains valid and for other legal or business purposes for which retention may be necessary.
- 14) The SOS and Seacare Thrift Pte Ltd shall not be liable to any claims whatsoever suffered by you or any User as a result of any disclosure of any Information which you have consented to us collecting, using or disclosing or where such collection, use or disclosure is allowed under the applicable laws in Singapore.
- 15) All bank and remittance charges shall be borne by the Applicant.
- 16) For any enquiries on personal data protection matters, please refer to www.sosea.org.sg.

PLEASE SIGN HERE

Company Name & Stamp

Staff Name & Signature / Date

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FOR Official Use only
Authorised & Endorsed by STPL

Form Received Date: _____

Verification checklist to determine if Shipping Company is eligible for the claim

s/n	Item	Remarks
1	Valid CBA (non IBF CBA) participating in SMTS	Yes / No
2	SMTS dues have been paid-up	Yes / No
3	SOS approved Training Institution	Yes / No
4	Number of Trainees applied for reimbursement is within the SOS approved/allocated number of Trainees.	

Course Fees per Trainee: _____ Total course fees: _____

Claim Amount per Trainee: _____ Total Claim Amount: _____
(up to 50% of training expenses or S\$300/- per trainee)

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Authorised & Endorsed by SOS

***Application APPROVED / REJECTED by EXCO**

Processed By: _____
Staff's Name & Signature / Date

Approved By: _____
Staff's Name & Signature / Date