

To: Singapore Organisation of Seamen  
 52 Chin Swee Road, #09-00 Seacare Building  
 Singapore 169875  
 Attn: Membership Services Division

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:	