

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, BWI

CONFIDENTIAL

APPLICATION FORM FOR CAYMANIAN SEAMEN'S GRANT (SPOUSE)

This form must be signed by the Applicant (**Seaman's 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. Name of Seaman (surname/first/middle): _____

(Please enclose a certified copy of the Seaman's death certificate OR an affidavit confirming death AND a certified copy of your marriage certificate)

- 4. Did the Seaman receive this benefit prior to his passing? (Yes/No).

PLEASE SUPPLY CERTIFIED COPIES OF THE RELEVANT DOCUMENTATION REQUESTED

- 5. 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 front page and the information page(s)}. If you are a Caymanian Status holder, please attach a **certified copy** of your certificate.
- 6. Address (P.O. Box) _____ (Postal Code) _____
- 7. Physical Address (House number) _____ (Street) _____ (District) _____
- 8. Phone number (H) _____ (W) _____ (Cell) _____ E-Mail _____
- 9. Date of birth of Applicant _____ (day/month/year) Age _____
- 10. Place of birth _____
- 12. Marital Status: SINGLE MARRIED DIVORCED WIDOWED
- 13. Next of kin: Mr/Mrs/Ms _____
(Surname first middle)
- 14. Relation _____ P.O. Box _____ District _____ Telephone _____

15. Due to my disability, I am authorizing (Name) _____ to be responsible for the handling of 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
(Print/Stamp Name)**

**SIGNATURE OF JUSTICE OF THE PEACE/
NOTARY PUBLIC**

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:

- Death Certificate
- Relevant pages of the passport
- Birth Certificate
- Marriage Certificate
- 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)

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Cayman Islands

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 OF ACCOUNT HOLDER(S): _____

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**
(Print/Stamp Name)

**SIGNATURE OF JUSTICE OF THE PEACE/
NOTARY PUBLIC**

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 HOUSEHOLD 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 (Print/Stamp Name)**

**SIGNATURE OF JUSTICE OF THE PEACE/
 NOTARY PUBLIC**

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.