



Cayman Islands

SEAMEN/ VETERAN DETAIL BANK FORM

(A bank statement may be required in order to verify that the Seaman/Veteran is on the account stipulated)

DATE: _____

APPLICANT'S NAME: _____

PHONE NUMBERS: (H) _____ (Cel) _____

EMAIL: _____

NAME OF ACCOUNT HOLDER(S): _____

BANK: _____

ACCOUNT NUMBER: _____

APPLICANT'S SIGNATURE: _____

ACCOUNT HOLDER'S SIGNATURE: _____

COMMENTS: _____

If **APPLICABLE**: 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).

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
(Signature)

JUSTICE OF THE PEACE/ NOTARY PUBLIC
(Stamp/Seal)

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.