



ANGLO-EASTERN GROUP NOMINATION OF BENEFICIARY

NAME		RANK	
JOINING M.V./ M.T			

- In the event of my death or mental incapacity for any reason during my employment tenure on the above vessel, I nominate the following person(s) to receive any compensation or benefits entitled, according to the proportion(s) indicated.
- All communication with regards to this and all my personal effects and belongings should be handed over to the person(s) nominated here under.

Name of nominated person	Relationship	Address and contact details.	Proportion

- I hereby also affirm that I have informed my declared Nominee / Family/ loved ones to contact office immediately as per details provided by office (AEI FPD 06) should there be any calamity which may befall my residence and/or my area of residence.
- I understand the payment of all compensation/benefits will be as per applicable CBA/Laws of the country.

Signed by Seafarer			Witnessed by (name & signature)	
Place		Date		