



**Part A
CONTRACT OF EMPLOYMENT FOR SEAFARERS**

This Contract is entered into between the Employee and the Employer
and is based on the ITF "Collective Bargaining Agreement" No. F2661 dated 01 January 2015

The Employee

Surname:		Middle Name:		First Name(s):	
Date of Birth:		Place of Birth:		Nationality:	
Telephone no.:	/				
Full Home Address					
Passport no.:		SBK / SID no.:		Medical Certificate Issued By :	
Valid until:		Valid until:		Valid until:	

The Employer

Owner & Address:	
As agents to Owner	
Address :	
Contact Details :	

Terms of Employment

* In case the Seafarer has signed a national agreement (e.g. POEA) , the most beneficial terms for the Seafarer will apply .

Position/Rank :		Date/Place of commencement	/ /
STCW:		Duration of contract	
Vessel / IMO Number:	/	Flag:	
Monthly Basic:		Fixed Overtime:	
Leave Pay (8 days):		Sub allowance (8 days):	
Bonus (no other bonus payment):		TOTAL :	

Insurance Details for cover whilst serving onboard a vessel or travelling to/from a vessel.

Death Cover (next of kin)		Personal Effect Cover (max.)	
Permanent Disability Cover (max.)		Compensation for loss of life (to each dependent child up to a max. of four under the age of 21)	
Sick Pay	If the Employee is repatriated to his country of residence due to sickness or injury suffered whilst on board, payment of basic wages shall continue until declared fit for duty by the company designated doctor or for up to 130 days after he was declared unfit for duty, whichever period is shorter.		
Next of Kin (Relation)		Contact Details :	
Beneficiary (if different from next of kin):		Contact Details :	

This Part A forms an integral part of the terms as agreed in Part B and vice versa. HEREBY I acknowledge that I have read and understood all terms of this Contract of Employment for Seafarers. Furthermore, I acknowledge that I was made aware of my right to request a complete copy of all terms in Part A / Part B and ITF CBA.

Date:		Date:	
Place:		Place:	
For the Employer:		For the Employee:	