



The Managers
 Thomas Miller Defence Ltd
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APPLICATION FORM

We hereby apply to enter the ship specified below for insurance in the Association in accordance with the Rules and the Bye-Laws of the Association with which we agree to conform, and we further apply to become a member of the Association and authorise you to enter our name in the Register of Members of the Association.

Name of Ship		Gross Tonnage		Deadweight Tonnage	
Type of Ship		Hull Type (double, etc.)		Flag	
Year Built	& Country	IMO/Lloyds Registration No.	Classification Society	Full/Interim	
Nationality of Master		Nationality & Number of Officers	Nationality & Number of Seamen		
Date Entry to Commence From		Trading Areas			
International Safety Management (ISM) Code					
Safety Management Certificate (SMC)			Document of Compliance (DOC)		
Date of Issue	Date of Expiry	Interim or Full	Date of Issue	Date of Expiry	Interim or Full
Certification Body	Please attach copies of the SMC to this form		Certification Body	Operating Company	
Name & Address of Member for Registration				Interest (Owner, Bareboat Charterer, etc.)	
Name & Address of Co-Assured Members (see Rule 9 – Joint Owners)				Interest (Owner, Manager, etc.)	
Address & Fax Number of Correspondence (see Rule 33 - Notices)					
Fax Number:					
Name, Address & Fax Number of Mortgagees				Type of Mortgage	
Fax Number:					
VAT Status of Member					
If the above named Member is registered within the European Union for VAT purposes please give details below.					
Address of member (or Agent) for EU VAT Registration				EU VAT Number	
Signature			Capacity (Director, Authorised Agent, etc.)		
Name (please print)		Dated	Company Name		