

APPLICATION FORM FOR NEW ASSURED

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 Entered Ship	Gross Tonnage	Date Assured to be Entered From
Name and Address of Member for Registration		Interest (Owner, Bareboat Charterer, etc.)
<i>(the Member's address MUST be declared)</i>		
Name & Address of Co-Assured Members (see Rule 14 – Joint Entries)		Interest (Owner, Manager, etc.)
Name & Address for Notices (see Rule 41 - Notices)		
Email Address:		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