

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
Port of Registry				
Year Built	& Country	IMO Number	Call Sign	Classification Society
				Full/Interim
Nationality of Master		Nationality & Number of Officers		Nationality & Number of Seamen
Date Entry to Commence From		Trading Areas		
Name and Address of Member for Registration				Interest (Owner, Bareboat Charterer, etc.)
(the Member's address MUST be declared)				
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	