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## Gibraltar Ship Registry APPLICATION FOR SURVEY AND INSPECTION OF SHIPS Guidance Notes overleaf. Complete form using BLOCK CAPITALS

1. APPLICANT D	ETAILS	3:				
Name:	Ship?	3	Company:			
Address:	ing Su		Telephone	:		
			Fax or			
			email: Country:			
NAME AND ADD	RESS O	OF OWNER / OPERATOR	IF DIFFER	RENT FROM	И А	ABOVE:
Name:			Company:			
Address:			Telephone	:		
			Fax or			
			email: Country:			
2. PARTICULARS	S OF SU	JRVEY / INSPECTION AI	PPLIED FO	R:		
Ship Name:			Ship Ty	/pe:		
Official Number:			IMO N	0.:		
Year of Build:						
Requested date of S	Survey:			Fax or email:		
Time of Survey:				Cilian.		
Where ship can be s	seen:					
Name of contact:			Tele	ephone:		
Nature of survey / i	nspection	n:				
I apply for the surve fees.	ey / inspe	ection described above and e	enclose a dep	osit of £	••••	and agree to pay additional
Name:			Position	n in company	<b>/</b> :	
Signature:		_	Date:			

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## **GUIDANCE NOTES**

- 1. When you have completed this form, please send it together with the appropriate deposit / fee to the Gibraltar Ship Registry from where you can get information on the level of fees. Additional charges may be levied for overtime, surveys abroad, waiting time and abortive time.
- 2. You should pay by cheque made payable to 'Government General Account'. Cheques should be paid in Sterling. Credit transfers can be accepted by prior arrangement; contact the Gibraltar Ship Registry for details.
- 3. Any refunds or requests for additional fees will be made to the applicant or through the applicant's representatives in Gibraltar, in whose name the account will be held.
- 4. Work will not start until this form has been completed, signed, and the deposit / fee received.

**GIBRALTAR SHIP REGISTRY** WATERGATE HOUSE 2/8 CASEMATES **GIBRALTAR** 

Tel: +350 200 46862 Fax: +350 200 47770

OFFICIAL USE ONLY:									
The sum of			has bee	en received to	oday.				
Date:									
_									
Signed:									