

ST. VINCENT AND THE GRENADINES MARITIME ADMINISTRATION

APPLICATION FOR CHANGE OF SHIP'S MANAGER/SHIP OPERATOR (OR EXISTING SHIP'S MANAGER/SHIP OPERATOR DETAILS)

Name of Vessel	Official No.		IMO No
Name of Manager (company ho	│ olding Document of Compliance)	1	Company ID (IMO No)
Name of manager (company no	ording becament of compilance)	'	Company ID (IIIIO NO)
Address of Manager (as shown in Document of Compliance)			
Document of Compliance No.	Issuing Organization		Expiry Date
Billings relating to the vessel should	d be sent to :		
Name and Address		Tel.:	
Name and Address		Fax:	
		ı ax.	
		E-M	ail:
(0 , 0 7; 0 , 1)			
(Country & Zip Code)			
Emergency correspondence relating	g to the vessel should be sent to:		
Contact Person Ashore	Tel	Fax	E-mail
Alternative Contact Person Ashore			
Alternative Contact Person Ashore			
Out of working hours Contact			
Company Security Officer (CSO)*	Tel	Fax	E-mail
Alternative CSO *			
E-mail where SSAS is directed (if different from Email of CSO)*			
* Applicable for ISPS Code compliant vess			
Radio Communications.			
A.A.I.C./P.S.A. which is responsible for the	radio traffic accounts under the new n	nanage	ement
A.A.I.C. for VHF, MF/HF	A.A.I.C. / P.S.A. for	INMAF	RSAT Communications
We, registered owner of the			
Vessel, hereby confirm that the company described herein above is appointed manager of the vessel with the effect from			
Place and Date:	ם	'Adicto	ared Owner
i lace and Date.	ĸ	cyiste	ered Owner

Print Full Name and position:

Updated: 2010-04-12