Application or Purchase Order No.

Date:

**To: NIPPON KAIJI KYOKAI**

 **Marine GHG Certification Department**

**(E-mail:** **dcs@classnk.or.jp** **/ Fax: +81-3-5226-3025)**

**APPLICATION FOR “Confirmation of Compliance for SEEMP”**

**APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
| CompanyNameAddress |            | Signature of Applicant |       |
|  |  | Name in Block Capitals |       |
|  | TEL |       | E-mail |       |

Application is hereby submitted for approval of SEEMP Part II and issuing“Confirmation of Compliance for SEEMP Part II” for the vessel listed below in accordance with Regulation 5.4.5, 22 and 22A of MARPOL ANNEX VI, as amended (including RESOLUTION MEPC.278(70)).

We agree to pay all survey fees and expenses incurred in above-mention services whether our services are acceptable or not.

|  |  |  |
| --- | --- | --- |
|  | Name of Ship | IMO No. |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |

**BILLING CONTACT** *＊Please complete the following on in cases where the billing contact and the above applicant are different.*

We ensure the payment of all survey fees and expenses incurred in the above-mentioned survey(s) and/or issue of relevant certificate(s).

|  |  |  |  |
| --- | --- | --- | --- |
| CompanyNameAddress |            | Signature of Applicant |       |
| Name in Block Capitals |       |
| TEL |       | E-mail |       |

Please confirm with the department in charge of payment in your company whether any special description on billing address of the invoice is required, and describe the details on the above “BILLING CONTACT” column before completion of approval of SEEMP Part II.

*If this form is unsuitable for the service desired, please use the application form prescribed separately.*