**APPLICATION FOR TECHNICAL SERVICES**

**“Examination of Ship Implementation Plan”**

**TO: NIPPON KAIJI KYOKAI**

**APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
| NameAddress |  | Application Document No. |  |
| Application Date |  |
| Signature and/or Official Stamp of Applicant |  |
| Name in Block Capitals |  |
| TEL |  |
| FAX |  |
| E-mail |  |

We acknowledge the provisions of “REGULATIONS FOR TECHNICAL SERVICES” of NIPPON KAIJI KYOKAI (NK) and request you to carry out survey for appraisal, certification or other technical service described below in accordance with the foregoing regulations. We agree to pay all survey fees and expenses incurred as a result of the above-mention services regardless of whether the results of the services are acceptable or not. We agree that NK does not warrant the accuracy of the information contained ship implementation plans and are not liable for any loss, damage or expense sustained whatsoever by any person caused by use of the plans.

**SHIP’S PARTICULARS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Ship |  | Classification Number |  |

**TYPE OF SERVICES & ISSUANCE OF DOCUMENTS**

|  |  |
| --- | --- |
| Type of Object | Ship Implementation Plan |
| Type of appraisal | Confirmation of contents described in Ship Implementation Plan |
| Appraisal Report | Statement of Fact |

**BILLING CONTACT** *(Note) Please complete the following only in cases where the billing contact and applicant are different.*

|  |  |  |  |
| --- | --- | --- | --- |
| NameAddress |  | Signature and/or Official Stamp |  |
| Name in Block Capitals |  |
| TEL |  |
| FAX |  |
| E-mail |  |