

Request for Quotation

I, undersigned applicant, am requesting a quotation under the following condition.

A) Company (main location)

Name:

Person in charge with title

Office name (if any)

Contacts

Tel.:
Fax:
e-mail:

Address

Number of ships under EU-MRV

Activityⁱ carried out by the site office

B) Additional sites, branch or service office (Please tick box)

No / Yes () sites in total

(Please describe each site details, use attached sheet for the 3rd location)

Company Name:(location 2)

Person in charge & it`s designation

Address

Contacts:

Tel.:
Fax:
e-mail:

Activity carried out by the site office

Number of ships under EU-MRV

c) Scope

Article 13 of the Regulation (EU) 2015/757

Standards to be applied

Regulation (EU) 2015/757

Anticipated time of certification

Company brochure or materials attached

No / Yes ()

Miscellaneous

Applicant in a representative position-

- Organization		- Signature	
- Tel. & Fax.		- Name & Position	

ⁱ e.g. Technical management , commercial management, manning for ships etc.