**APPLICATION FOR TECHNICAL SERVICES**

**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.

**SHIP’S PARTICULARS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Ship |  | Classification Number |  |
| Name and Address of Owner |  | Gross Tonnage |  |
| Flag |  | Port of Registry |  | Official Number |  |

**OBJECT’S PARTICULARS**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Object |  | Quantity |  |
| Other ID |  | Serial Number |  |
| Intended for |  |

**1. TYPE OF SERVICES** *(Note) \* Delete as appropriate. / □ Tick each applicable box.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Certification | □ | Equipment | □ | Drawings | □ | Other：（　　　　　　　　　　　　　　　　　　　　　） |
| Applicable codes /standards /regulations：（　　　　　　　　　　　　　　　　　　　　　　） |
| Appraisal Report | □ | Condition | □ | On/Off Hire | □ | Damage | □ | Seaworthiness | □ | Ship’s Cost Estimation |
| □ | Other：（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） |
| Other | □ |  |

**2. DATE AND PLACE OF SERVICES**

|  |  |  |  |
| --- | --- | --- | --- |
| Schedule | FromTo | Place |  |
| TEL |  | FAX |  |

**3. ISSUANCE OF DOCUMENTS** *(Note) \* Delete as appropriate. / □ Tick each applicable box.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Certificate | □ | Equipment | □ | Drawings | □ | Other：（　　　　　　　　　　　　　　　　　　　　　） |
| Appraisal Report | □ | Condition | □ | On/Off Hire | □ | Damage | □ | Seaworthiness | □ | Ship’s Cost Estimation |
| □ | Other：（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） |
| Other | □ |  |

**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 |  |

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