

**TO: NIPPON KAIJI KYOKAI**

**APPLICANT**

Name Address	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	<input type="checkbox"/> Equipment	<input type="checkbox"/> Drawings	<input type="checkbox"/> Other : ( )
	Applicable codes /standards /regulations : ( )		
Appraisal Report	<input type="checkbox"/> Condition	<input type="checkbox"/> On/Off Hire	<input type="checkbox"/> Damage
	<input type="checkbox"/> Seaworthiness	<input type="checkbox"/> Ship’s Cost Estimation	<input type="checkbox"/> Other : ( )
Other	<input type="checkbox"/>		

**2. DATE AND PLACE OF SERVICES**

Schedule	From To	Place	
TEL		FAX	

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

Certificate	<input type="checkbox"/> Equipment	<input type="checkbox"/> Drawings	<input type="checkbox"/> Other : ( )
	Applicable codes /standards /regulations : ( )		
Appraisal Report	<input type="checkbox"/> Condition	<input type="checkbox"/> On/Off Hire	<input type="checkbox"/> Damage
	<input type="checkbox"/> Seaworthiness	<input type="checkbox"/> Ship’s Cost Estimation	<input type="checkbox"/> Other : ( )
Other	<input type="checkbox"/>		

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

Name Address	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.