

APPLICATION FOR FINAL SURVEY AND ISSUE OF CERTIFICATE

To: NIPPON KAIJI KYOKAI

		Purchase Order No.		Application Date						
Name Address			Signat	ure of Applicant						
			Name	in Block Capitals						
	TEL	FAX	E-mai	I						

We hereby request that you carry out survey(s) and/or issue certificate(s) described below. This request is made on the basis that we accept the provisions of *REGULATIONS FOR THE CLASSIFICATION AND REGISTRY OF SHIPS and REGULATIONS FOR THE ISSUE OF STATUTORY CERTIFICATES* (as well as the provisions of *REGULATIONS FOR TECHNICAL SERVICES* when requesting technical services) of *NIPPON KAIJI KYOKAI* and that we allow flag authorities and authorized audit teams on board for the purpose of their assessing NIPPON KAIJI KYOKAI's compliance with applicable rules, regulations and quality standard. Whether surveys are completed or not, we agree to pay all survey fees and expenses incurred as a result of the above-mentioned survey(s) and/or issuance of relevant certificate(s) within the payment term designated on your invoice.

BILLING CONTACT * Please complete the following only 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 below-mentioned survey(s) and/or issue of relevant certificate(s).

Name						Signature			
Address						Name in I	Block Capitals		
	TEL		FAX			E-mail	•	:	
Ship's Name:				G.T.			-	Class No.	
Ship owner name							_	IMO No.	
Flag				Official No.			IMO registere	ed owner No.	
-				Service Area			-		
1. Survey(s) to b	be carried	out (Please tick in t	the appro	priate box(es))					
Final Surve				ertificate status:	Dν	/alid	Invalid or I	Never issued	
		Appr	oved Ship	Recycling Plan:		vailable	🗌 Not Availa	ble	
Final Surve	y (EU-SRF	R) (Note: Only applicable	EU/EEA fla	agged ship)					
2. Other Survey	(s)	г	<u> </u>				· · ·		
Initial Surve	ey(🗌 HK	C 🗌 EU-SRR)		the IHM Certificat ust be submitted t				dication for th	e Initial Survey
3. Certificate to									
•		ertificate(RfR)(🗌		,	inese	Government	t.		
4. Date and Plac	-								
(1) Place of Sur	vey:	-							
(2) Date of Surv	ey:			ETA:			ETD	:	
(3) Name of Loc	al Agent :								
(Tel)									
		g Facility information							
Name of Ship R	ecycling Fa	cility:							
Address:									
Distinctive Recy	Distinctive Recycling Company identify number*: Date of expi								
* This number is	s based on th	e Document of Authoriza	ation to con	duct Ship Recycling	(DAS	R)			
6.Message (if ar	יy)								
7.Supplementar	v note								

(1) This form is also available for Japanese flag ships.

⁽²⁾ Please attach a copy of latest Certificate of Vessel's Nationality and application for Ready for Recycling Certificate to the Japanese Government in case of Japanese flag ships.