

Government of The British Virgin Islands

MERCHANT SHIPPING ACT 2001



APPLICATION TO REGISTER A SHIP

Note: Please complete in BLOCK LETTE	RS		
Name of Ship			
Port of Registry			
IMO number/Official Number			
Full name of owner(s)			
Address of owner(s)			
Name of agent (if applicable)			
Address of agent			
Yacht Club of which the owner			
is a member (yachts only)			
In support of my application, I enclose	the following	g documents/fees:- (pleas	e write YES or NO)
Title Documents (e.g. Builders Certificate, Bill of Sale)		Appointment of Representative Person	
Declaration of Eligibility		**Certificate(s) of incorporation (copy)	
Deletion Certificate (if applicable)		**Certificate of Good Standing	
*Applicable Fees of US\$		**Appointment of Authorised officer	
*Cheques and money orders to be paya **Applicable to Body Corporate	ble to ACCO	DUNTANT GENERAL	
I confirm that arrangements have been	made for th	e following to be obtained	ed:- (please write YES or NO)
Name Approval		Certificate of survey	
	,	•	,
Applicant (s) Signature		Date	
Telephone No.	Fax No.		E-mail
Di	1 4 1 6		4 4 4 B 3 4

Please send this completed form and supporting documents to the Registrar.

Virgin Islands Shipping Registry Sebastian's Building, Administration Drive Road Town, Tortola British Virgin Islands Tel. (284) 468-2902/2903 Fax. (284) 468-2913

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