



# Isle of Man Ship Registry

## DEPARTMENT OF TRADE & INDUSTRY The Merchant Shipping Registration Act 1991 Demise Charter Registration Application for Registration

NOTE: Please complete in BLOCK CAPITALS  
**SECTION A – DETAILS OF SHIP**

Ships Name (Undesirable names will not be accepted)	<input type="text"/>		
Existing Flag & Port of Registry	<input type="text"/>		
Type	<input type="text"/>		
Date & Place of Build	<input type="text"/>		
Tonnage	Gross <input type="text"/>	Net <input type="text"/>	

**SECTION B – DETAILS OF PRESENT OWNERSHIP**

Total number of PRESENT owners

Please enter the name, address and where ordinarily resident and the nationality of every present owner

Body Corporate Individuals	Company Name Full Name	Principal Place of Business Address	Nationality Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Share Holding  /64 (sixty-four)  
In the case of multiple ownership please give details of all joint owners on a continuation sheet

**SECTION C – DETAILS OF CHARTERER AND CHARTER**

Intended period of Demise Charter

Details of Charterer

Body Corporate Individuals	Company Name Full Name	Principal Place of Business Address	Nationality Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## SECTION D – MANAGER'S DETAILS , QUESTIONNAIRE AND CERTIFICATE

Body Corporate

Company Name

Principal Place of Business

### Management Questionnaire

Please give:-

A. The Directors' names, permanent addresses, nationality and shareholding of director

  

B. Where and how frequently Directors' meetings are normally held;

  

C. Where the annual general meeting is normally held;

D. Address where the company's accounts are maintained (if different from Principal Place of Business) ;

  

E. The number of technical personnel employed by the company;

F. The address in the Isle of Man where a copy of the crew list is lodged in accordance with regulation 16 (1) of the Merchant Shipping (Crew Agreements, Lists of Crew and Discharge of Seamen) Regulations 1972.

  

If certain management functions are sub-delegated to persons other than the appointed manager please give the name of the person or company who:

A. Exercises direct control over the movement of the ship

B. Is responsible for technical management – i.e. Statutory Surveys;

C. Is responsible for the employment and recruitment of the crew;

D. Pays the crew's wages

## CERTIFICATE OF AGREEMENT BY MANAGER



I  Signature

Certify that the above management company agrees to act as the Manager of the above ship.

Dated:

**SECTION E – DETAILS OF MORTGAGEES etc**

Body Corporate Individuals	Company Name Full Name	Principal Place of Business Address	Mortgage Mortgage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION F – ADDITIONAL DOCUMENTS**

In support of the application, the following documents are enclosed (please tick appropriate boxes)

- Certified copy of charter party
- Certified copy of entries in underlying register
- Written consent of
  - a. Underlying registry authorities
  - b. Owner
  - c. Mortgagees (if any)
- Arrangements have been made for a tonnage measurement survey
- Certificate of Incorporation (and change of company name if applicable) from manager
- Also required if the applicant is a Body Corporate:-
  - Certificate of Incorporation (and change of company name if applicable) for charterer
  - Appointment of authorised officer of charterer

**SECTION G - APPLICATION**

I understand it is an offence knowingly or recklessly to make a false statement in order to obtain registration and hereby declare that, to the best of my knowledge, the details given in this application are correct.

Signature

Name in full

For and on behalf of

Date