



Isle of Man Ship Registry

DEPARTMENT OF TRADE & INDUSTRY

The Merchant Shipping Registration Act 1991

Demise Charter Registration

Appointment of Authorised Officer(s) for a Body Corporate

NOTE: Please complete in BLOCK CAPITALS

Ships Name

Full Company Name

Full address of Principal Place of Business

The Following Officer(s) of the Company are hereby authorised to make and sign all declarations of ownership or otherwise for and on behalf of the said Company, as required under the provisions of the Merchant Shipping Registration Act 1991.

Please give full names

Signature of Officer

Signature of Director/Secretary

Full Name (in BLOCK CAPITALS)

Date

Signature of Director/Secretary

Full Name (in BLOCK CAPITALS)

Date