



ST KITTS & NEVIS INTERNATIONAL SHIP REGISTRY

The Saint Christopher & Nevis Merchant Shipping Act, Cap. 7.05
Department of Maritime Affairs



APPLICATION FOR REGISTRATION UNDER ST KITTS & NEVIS FLAG

TYPE OF REGISTRATION APPLIED FOR				Pleasure Vessel: <input type="checkbox"/>	Commercial Yacht: <input type="checkbox"/>
PLEASE COMPLETE IN CAPITAL LETTERS IN BLACK INK OR BY TYPING. NOTE THE DOCUMENTATION CHECKLISTS: RP8 & RP9 for Pleasure Vessel Registration					
VESSEL DETAILS					
APPROVED NAME FOR REGISTRATION	CURRENT NAME OR HULL NUMBER (IF UNDER CONSTRUCTION)	INTENDED PORT OF REGISTRY	INTENDED DATE & PORT OF PURCHASE/CHANGE OF REGISTRY		
GROSS TONNAGE	NET TONNAGE	CURRENT REGISTRY			
LENGTH (M)	BREADTH (M)	DEPTH (M)	COUNTRY OF BUILD		
YEAR BUILT	HIN (WHERE APPLICABLE)	MATERIAL OF HULL			
NUMBER OF MAIN ENGINES	TOTAL MAIN ENGINE POWER (KW)	PROPULSION			
		<input type="checkbox"/> Steam <input type="checkbox"/> Sail <input type="checkbox"/> Motor			
DETAILS OF OWNER(S)					
*for more than one owner, a continuation sheet is to be completed with details of the other owners as below. Please tick here () if continuation sheet is added					
Full Name of First (or only) Owner :		Tel:			
Address Line 1:		Email:			
Address Line 2:					
Town/City:		IMO Owner Number (If Applicable)	N/A		
Post / Zip Code:		Number of Shares Held (maximum of shares per ship is sixty-four)	64/64		
Country:		Passport Number (for individuals)			
DETAILS OF COMPANY RESPONSIBLE FOR MANAGEMENT					
*if different from Owners (The Managers)					
Full Name of Company:					
Address Line 1:					
Address Line 2:		Tel :			
Address Line 3:		Email :			
Town/City:		IMO Company Number (if known)			
Post / Zip Code:					
Country:					

MARITIME RESIDENT AGENT (Representative Person) (24M & Over) A Representative Person is a requirement of the Registrar for Ship Registration. According to the Ship Ownership Qualification Regulations 2005, the Representative Person so appointed shall be a "regulated business activity" according to the Proceeds of Crime Act, 2000. By making this application and completing the details herein, Owners appoint this person/company as their Maritime Resident Agent (Representative Person). The Registrar may require separate written evidence of the appointment.	NAME OF APPOINTED MARITIME RESIDENT AGENT
	N/A OR INSERT THE NAME OF THE RESIDENT AGENT IN ST KITTS & NEVIS

RADIO COMMUNICATIONS
Owners hereby nominate the following Radio Traffic Accounting Authority (Accounting Authority Identification Code- AAIC) and Point of Service Activation (PSA) for the services described hereafter. Such organisations duly authorized by the ITU or Inmarsat are acceptable. Pending the effective date of the contract, the responsibility for payment of accounts and correspondence relative to radio communication services for the vessel is hereby assumed by the Owner.

AAIC for Radio Communications	AAIC/PSA for Inmarsat Services

RADIO COMMUNICATION EQUIPMENT
<i>Owners hereby confirm that the ship radio station equipment and electronic navigational equipment is in compliance with current ITU and IMO/SOLAS requirements for the size and type of ship and its trading area(s) and that they will submit the equipment to inspection as required. (please mark appropriate box with an 'X')</i>

Equipment used:	<input type="checkbox"/> : RT	<input type="checkbox"/> : GMDSS	<input type="checkbox"/> : N/A	
GMDSS Area(s):	<input type="checkbox"/> : A1	<input type="checkbox"/> : A2	<input type="checkbox"/> : A3	<input type="checkbox"/> : A4

RECORD OF RADIO EQUIPMENT				
EQUIPMENT	MANUFACTURER	TYPE NO.	POWER	FREQUENCY BAND
VHF Radiotelephone with Digital Selective Calling (DSC)				
MF / HF Radiotelephone with Digital Selective Calling (DSC)				
INMARSAT Ship Earth Station				
EPIRB				
NAVTEX Receiver				
OTHER				

PLEASURE VESSEL AFFIDAVIT

I, "[INSERT NAME OF APPLICANT]" being the applicant hereby confirm that:

- 1) All of the life saving equipment,
- 2) Firefighting Equipment; and
- 3) All radio equipment

onboard the yacht referenced within this application form, being in accordance or equivalent to that so listed in the St Kitts and Nevis Merchant Shipping (Pleasure Vessel) Regulations of 2007.

The equipment onboard are listed below:

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LIFE SAVING APPLIANCES	
Number of life rafts onboard are:	
Life raft(s) expiration date is/are:	
Number of adult life jackets is:	
Number of child life jackets is:	
Number of life buoys onboard are:	
Number of flares and distress signals are:	
Emergency flare pack expiration date is:	
EPIRB expiration date is:	

FIREFIGHTING EQUIPMENT	
Number of Fire Extinguishers onboard are:	
Fire Extinguishers' expiration date is:	

NAVIGATION EQUIPMENT	
Ship Radio Station Equipment is a:	
Model & Year of Manufacturer:	

CLASSIFICATION SOCIETY / RECOGNISED ORGANISATION (Commercial Yachts Only)	
Classification Society(ies)/RO/RSO's who will issue Statutory Certificate on behalf of St Kitts & Nevis. Please state the Class/RO who will issue the ISM/ISPS Certificates if different	

INSURANCE / P & I	
The Applicants attention is drawn to Section 52 of the Merchant Shipping Act that states "Every St. Kitts & Nevis ship shall carry insurance cover against the risk of loss or damage to third parties".	
Insurer/P&I Club	

DECLARATION OF ELIGIBILITY
<p>The person signing this application confirms that he/she is either the First Named Owner or in the case of a Company an Officer of that company or is the Owner's agent.</p> <p>In the case of an Owner's agent, such authority is to be supported by a written testimony from the Owner's giving such authority</p> <p>By signing this document the applicant confirms that the Owner(s) is/are qualified to be an Owner(s) of a, or share(s) in a, St. Kitts & Nevis Ship according to the provisions of the Act and hereby declare their individual and several eligibility to be an Owner under the provisions of the Act according to Sections 4 & 5 or any Statutory Orders and Regulations and that where applicable a Representative Person according to Section 6 has been appointed.</p> <p>By signing, he/she declares that to the best of his/her knowledge the information contained herein is correct and that if there are any changes to such information before the original Application Form is submitted to The Registrar to facilitate Permanent Registration that the Owner will notify The Registrar of the changes and submit a revised Application.</p>

Signature of Applicant	Print Name
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Date of Application	Title
.....

Please affix applicants stamp/seal

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