

ST KITTS & NEVIS INTERNATIONAL SHIP REGISTRY

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

APPLICATION FOR EXTENSION OF PROVISIONAL REGISTRATION

PLEASE COMPLETE IN CAPITAL LETTERS IN BLACK INK OR BY TYPING. NOTE THE DOCUMENTATION CHECKLIST RP2						
		VESSEL	DETAILS			
Name of Vessel		Port of Registry			IMO Number	
Official Number		Call Sign			MMSI Number	
		DETAILS O	F OWNER(s)	<u> </u>		
			e sheet A10 if required)			
Full Name of Owner(s) :						
Address: Address Line 1 :						
Address Line 2 :				Tel :		
Town/City :				Fax :		
Post / Zip Code :				Email :		
Country :			IMO Owner Numbe			
Name of Applicant : (if different from owner)						
REASON FOR REQUEST FOR EXTENSION						
exceptional cases, only one extension	of three mon ion granted, o	ths can be granted and th otherwise the vessel will ce	at all documents neces ease to be registered in	sary to pro the St. Kitt	stated above. We are aware that, except in ceed with Permanent Registration have to be ts & Nevis International Ship Registry. Please on if SKANReg requires this.	
Signature of Applicant		Print Name				
Date of Application			Title	Title		

Authority under which this document is signed (if applicable) i.e. Officer (Director) of company or Owner's Agent etc

The person signing this application confirms that he/she is either the Owner or in the case of a Company, a duly authorised officer of that company or is the Owner's agent. In the case of an Owner's agent, such authority is to be supported by a written testimony giving such authority. 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 SKANReg to facilitate Permanent Registration. The Owner(s) will notify SKANReg of the changes and submit a revised Application.

FORM CODE:	ISSUE No:	EFFECTIVE:
A3	004	07/11/2013