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| --- | --- | --- | --- |
|  |  |  | Date of Application |
|  |  |  |  |
| Family Name | Given Name | Place of birth | Date of birth |
|  |  |  |  |

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| --- | --- | --- | --- |
| Home Phone Number | Mobile Number | Email Address | Country of Residence |
|  |  |  |  |
| Home Address |
|  |

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| --- | --- | --- | --- |
| Height | Weight | Size of shoes | Size of overall |
|  |  |  |  |

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| --- | --- | --- |
| Rank/Occupation | On board (Vessel Name) | Estimated joining date |
|  |  |  |

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| --- |
| **Travelling Documents** |
| Documents | Issuing Authority | Number | Issue Date | Expiry Date | Place |
| National Passport |  |  |  |  |  |
| Seaman’s Book |  |  |  |  |  |

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| **Medical Certificate** |
| Issuing Authority | Issuing Authority | Date of Examination | Expiration Date |
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| **Certificates of Competency** |
| Rank | Issuing Authority | Issue Date | Expiry Date | Number |
|  |  |  |  |  |
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| **Other Flag State Endorsements** |
| Rank | Issuing Authority | Issue Date | Expiry Date | Number |
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| **Certificates of Training** |
| Certificate | Issuing Authority | Issue Date | Expiry Date | Number |
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| **Languages** |
| Native Language |  |
| Other Languages | Written | Spoken | Comprehension |
|  | Choose an item. | Choose an item. | Choose an item. |
|  | Choose an item. | Choose an item. | Choose an item. |
|  | Choose an item. | Choose an item. | Choose an item. |

| **Sea Service Experience** |
| --- |
| Service Period | Rank | Type | Name | DWT | Flag | Shipmanagement Company |
| From | To |
|  |  |  |  |  |  |  |  |
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| --- |
| **Next-of-Kin Contact Details** |
| Name & Surname | Relationship | Home Phone Number | Mobile Number |
|  |  |  |  |
| Home Address |
|  |

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| --- |
| **Bank Details for Payroll** |
| Name of Beneficiary: |       |
| Beneficiary Home Address: |       |
| Seafarer’s Home Address: |       |
| Beneficiary Bank Name: |       |
| Bank Account: |       |
| Swift Code: |       |
| IBAN Number: |       |
| Correspondent Bank (if any): |       |
| Account: |       |
| Swift Code: |       |

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| **Bank Details for Home Allotment *(if differs from the above)*** |
| Name of Beneficiary: |       |
| Beneficiary Home Address: |       |
| Seafarer’s Home Address: |       |
| Beneficiary Bank Name: |       |
| Bank Account: |       |
| Swift Code: |       |
| IBAN Number: |       |
| Correspondent Bank (if any): |       |
| Account: |       |
| Swift Code: |       |

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| --- |
| (Applicant’s Signature) |

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| --- |
| **For official use only** |
| **Review of Application** | **For Master / Deck Department** | **For Engine Department** | **For Master** |
| All require supporting documents received[ ]  Yes[ ]  No | Approved[ ]  Yes[ ]  No | Approved[ ]  Yes[ ]  No | Approved[ ]  Yes[ ]  No |
| Date  | Date  | Date  | Date  |
| (Crewing Officer) | (Marine Manager Signature) | (Technical Manager) | (General Manager Signature) |