

## APPOINTMENT OF AN AUTHORISED PERSON

Cayman Islands Shipping Registry

HEAD OFFICE

133 Elgin Avenue P.O. Box 2256  
Grand Cayman KY1-1107 Cayman Islands

Tel: +1 345 949 8831 Fax: +1 345 949 8849

Email: registration@cishipping.com

Website: www.cishipping.com

### Proposed Appointment

Name of Owner(s):

Place of Business:

Hereby Authorises (Name of Appointee):

to make and sign all Declarations of Ownership or Eligibility or otherwise for and behalf of the said Owner(s) as required under the relevant provisions of the Cayman Islands Merchant Shipping Law, as amended.

The Common Seal of the Owing Company was affixed hereto in the presence of:

Name:

Owner's/Director's Signature:

Capacity:

Date (DD/MM/YYYY):

COMPANY'S SEAL:

**NOTE:** Where a company seal is not used, the signature must be witnessed by a Notary Public or the equivalent under the relevant jurisdiction.

**Authorised Signatures**

Authorised Signatures as at the: (DD) day of (MM) 20 (YY)

Name of Authorised Signatory	Signature Specimen	Job Title	Company

(I/We) hereby certify:

- (i) that the signatures contained on this form are authentic and are true copies of those named;
- (ii) that (I/We) are authorised signatories on behalf of the Registered Owners and have the relevant authority (delegated or otherwise) to complete this form for and on behalf of the Registered Owners.

Signed in the presence of (WITNESS NAME):

Print Name

Signature

COMPANY'S SEAL:

**NOTE:** Where a company seal is not used, the signature must be witnessed by a Notary Public or the equivalent under the relevant jurisdiction.