



APPOINTMENT OF AN AUTHORISED PERSON

Cayman Islands Shipping Registry
HEAD OFFICE
P.O. Box 2256
Grand Cayman KY1-1107 Cayman Islands
Tel: +1 345 949 8831 Fax: +1 345 949 8849
Email: caymanregistry@cishipping.com
Website: www.cishipping.com

Proposed Appointment

Name of Vessel: _____ Official Number: _____ IMO Number: _____

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.

Valid Until: _____ **PLEASE NOTE** a Power of Attorney or Board Resolution may be submitted in lieu of the CISR 855 Form.

Owning Company Appointee:

Name: _____ Owner's / Director's Signature: _____

Capacity: _____ Date: _____

Authorised Signatures

Authorised Signatures as at the: _____ day of _____ 20_____

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 Name: _____ Address: _____

Qualification: _____

NOTE: Notarized or witnessed by an official person who works in a recognized profession (similar to those of passport requirements will be sufficient, e.g. Doctor, Accountant, Barrister etc.) Witness details: Name, qualification, company details and place of attestation.

Party responsible for paying Annual Tonnage fees:

Email: _____ Email: _____