

PLEASE READ THE ATTACHED NOTES BEFORE COMPLETING THIS FORM

Please complete electronically in ENGLISH. All sections must be completed.

**1 Personal Details**

Given Name(s):		Surname/Family Name:	
Date of Birth (DD/MM/YYYY):	Place of Birth:	Country of Birth:	
Nationality:	National Identity No. (Passport):	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Distinguishing Marks (If Any):	Height (m):	Colour of Eyes:	
Vessel Name:		Official Number (If Known):	

**Entity Responsible for Payment**

Company/Agent/Applicant	Name of Responsible Person for invoicing:
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APPLICANT'S FULL HOME ADDRESS	CORRESPONDENCE ADDRESS FOR ENTITY RESPONSIBLE FOR PAYMENT/ INVOICING
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Address:	
<hr/>	
District:	
<hr/>	
Town/City:	
<hr/>	
County/State/Region:	
<hr/>	
Postal Code/ZIP Code:	
<hr/>	
Country:	
<hr/>	
Telephone:	
<hr/>	
Email:	
<hr/>	

**Specimen Signatures of Applicant**

Note: Please ensure that the signatures are completely **within the borders of the spaces provided**. Please sign in **BLACK INK**. Failure to comply will invalidate the application.

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**2 Next of Kin Details**

Name of Next of Kin:

Relationship:

Telephone Number:

Email Address:

Address of Next of Kin (If different from Applicant):

**3 Details of Certificates Held**

Give details of any Certificate of Competency (CoC) if held:

Capacity of any Certificate of Competency:

Applicable STCW regulation:

Certificate Number:

Issuing Country:

Date of Initial Issue (DD/MM/YYYY):

Date of Expiry (DD/MM/YYYY):

Date of Last Revalidation (DD/MM/YYYY):

Give details of STCW Basic Safety Training held including Refresher Training (as applicable):

STCW Basic Safety Training:

**STCW Code A-VI/1.2 & 1.3**

Certificate Number(s):

Issued on behalf of (Country):

Date of Initial Issue (DD/MM/YYYY):

Date of last refresher training:

Give details of Seafarer Medical Fitness Certificate held:

Date of Issue (DD/MM/YYYY):

Date of Expiry (DD/MM/YYYY):

Issuing Authority (Country):

**4 Declarations**

**Declaration by applicant**

I, the undersigned, declare that the information I have given is, to the best of my knowledge, true, correct and complete. I also declare that the copies of the documents submitted are true copies of genuine documents.

Name:

Date (DD/MM/YYYY):

Signature

**Declarations by Company/Agent sponsoring application:**

I, the undersigned, declare that the applicant is personally known to me and I recommend that he/she may be issued a Seaman's Discharge Book for service on board a Cayman Islands vessel.

Name:

Date (DD/MM/YYYY):

Position:

Signature

**5 Dispatch/Courier Address**

Name of Company/Individual:

No./Street:

Town/City:

County/State/Region:

Postal Code/ZIP Code:

Country:

Tel. No:

Email Address:

**6 Checklist of Essential Documents and Actions**

DOCUMENT	Tick (if enclosed or confirmed)	OFFICIAL USE ONLY
Passport	<input type="checkbox"/>	
Other National Identity Document	<input type="checkbox"/>	
Photo (Colour, plain background, full face without a hat, JPEG file: 100KB – 2MB)	<input type="checkbox"/>	
Seafarer Medical Fitness Certificate	<input type="checkbox"/>	
STCW Basic Safety Training Certificates (Not required if Certificate of Competency submitted)	<input type="checkbox"/>	
STCW Basic Safety Training Refresher Certificates (as applicable)	<input type="checkbox"/>	
STCW Certificate of Competency if held	<input type="checkbox"/>	
Specimen Signatures (within borders)	<input type="checkbox"/>	
Declaration by Applicant	<input type="checkbox"/>	
Declaration by Company / Agent sponsoring the application	<input type="checkbox"/>	
Guidance Notes read and understood	<input type="checkbox"/>	
Email form and attachments to 'CaymanRegistry@cishipping.com'	<input type="checkbox"/>	
<b>PLEASE SELECT PAYMENT METHOD BELOW</b>		
Payment Method - Online (Preferred)	<input type="checkbox"/>	
Payment Method - Wire Transfer	<input type="checkbox"/>	

## 7 Guidance Notes for the Completion of this Application form

Please ensure that you read and understand these notes before completing the form.

Please complete this form electronically, print and sign in black ink and then submit the scanned copy. If a section is not relevant to your application enter NIL.

**ENSURE YOU COMPLETE THIS FORM IN FULL – FAILURE TO DO SO MAY MEAN THAT WE WILL HAVE TO RETURN YOUR APPLICATION TO YOU, AND WILL RESULT IN A DELAY TO YOUR APPLICATION BEING PROCESSED**

Please enclose copies of all documents necessary to establish your eligibility for a Cayman Islands Seaman's Discharge Book. You must send **COPIES** of all documents and not original documents.

### SECTION 1: Personal Details

Enter the applicant's personal details in the boxes provided. The applicant's name should be given in FULL and should be given in the same format as appears in the applicant's Certificate of Competency.

Dates should be given in the format **DD/MM/YYYY**, e.g. 19 September 1972 should be written as 19/09/1972.

"National Identity Number" should be either a passport number or other national identity document.

The home address where the applicant normally resides should be included, an applicant's address "care of" a manning agent or other company cannot be accepted. Additionally, the address and details of the company or agency sponsoring the application should also be provided.

The specimen signatures provided will be transferred to the Cayman Islands Seaman's Discharge Book. It is essential that signatures are completely contained within the borders provided. Signatures not completely within the borders will lead to the application being rejected.

### SECTION 2: Next of Kin Details

Please give details of a person who should be contacted in cases of emergency. These details will be held on file by us, but will not be transferred to your Discharge Book. You will be able to enter Next of Kin details into your Discharge Book yourself and amend these details if your circumstances change.

### SECTION 3: Details of Certificates Held

Please include copies of all documents included in support of your application. All pages of documents submitted in support of the application must be included. Do not send original documents.

**STCW Certificates of Competency:** If you hold a Certificate of Competency issued in accordance with the STCW Convention, please enter the details in this section and include a copy of all pages of the Certificate of Competency with your application.

**STCW Basic Training:** To be eligible for a Cayman Islands Seaman's Discharge Book you must hold valid Basic Safety Training certification issued in accordance with STCW Code section A-VI/1.2. Please submit copies of all four certificates or a Certificate of Proficiency in Basic training unless a copy of a Certificate of Competency has also been submitted. From 01 January 2017, we also require documentary evidence in accordance with STCW Code Section A-VI/1.3 that the following training or updated/refresher training has been completed within the last five years:

1. Proficiency in Personal Survival Techniques (**PST**) STCW A-VI/1-1, (recognised equivalent pre 31 January 2000: Basic Sea Survival);
2. Proficiency in Survival Craft and Rescue Boats other than Fast Rescue Boats (**PSC & RB**), STCW A-VI/2-1 (recognised equivalent pre 31 January 2000: Proficiency in Survival Craft or Lifeboatman's Certificate);
3. Proficiency in Fast Rescue Boats (**PFRB**) STCW A-VI/2-2;
4. Proficiency in Fire Prevention and Fire Fighting (**FP & FF**), STCW A-VI/1-2 (recognised equivalent pre 31 January 2000: MNTB 2 Day Fire Fighting Course);
5. Proficiency in Advanced Fire Fighting (**AFF**) STCW A-VI/3 (recognised equivalent pre 31 January 2000: MNTB 4 Day Fire Fighting Course).

**Medical Fitness Certificates** are required to be valid for a minimum period of three months at the time of application. Medical certificates issued by, or on behalf of a country listed within Cayman Islands Shipping Notice [05/2011](#) (as amended) are considered acceptable for service onboard Cayman Islands ships. Such certificates should be issued in accordance Regulation I/9 of STCW.

#### SECTION 4: Declarations

**Guidance for the applicant:** Please read the declaration carefully. **Only the applicant may sign this declaration, signatures of others on behalf of the applicant cannot be accepted.** Once you are sure the information is, to the best of your knowledge, correct, true and complete, and the documents submitted are true copies of genuine documents, you should sign the declaration with your usual signature including the date.

**Guidance for companies / agents sponsoring the application:** You may countersign the application if:

- You are a representative of a company employing, or intending to employ, the applicant for service onboard a Cayman Islands vessel;
- You are the representative of a manning agency intending to supply the applicant to a company for service onboard a Cayman Islands vessel; or
- are a recognised professional person (i.e. a doctor, lawyer, police officer, chartered engineer, etc) who has personally known the applicant for at least three years and is not related to the applicant.

#### SECTION 5: Courier/Dispatch Address

Please enter the most convenient address in order for us to courier/dispatch the new SDB, including a telephone number for delivery purposes.

#### SECTION 6: Checklist of Essential Documents and Actions

Photographs must be taken "full face" without a hat on a plain background as per normal passport style and sent as a JPEG file (100KB – 2MB).

**Additional Notes for submitting Electronically**

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Please complete this form electronically, print and sign and then submit a scanned pdf copy to [CaymanRegistry@cishipping.com](mailto:CaymanRegistry@cishipping.com) along with all supporting documentation as applicable (Section 6 Checklist refers).

The total file size for the email must remain below 5MB. Scans of documents are to be sent as pdfs and photos as jpegs.

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**Payment Method**

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Once your application has been processed our Accounts department will email the entity as detailed in Section 1 to request payment online using the following link [Pay Invoice](#). Please note that you will require the Invoice number and either the Invoice Pin # (found on the Invoice) or the Vessel Name to pay online.

Alternative payment methods can be found at [www.cishipping.com/forms](http://www.cishipping.com/forms) under "Finance & Accounting".

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