

Name of
Operator/Manager

IMO Company number:

Address

Country

Emergency Contacts:

Name of primary 24-hour emergency contact

24hr Tel No(s):

Mobile:

Office:

Work:

Email:

Name of alternative 24-hour emergency contact

24hr Tel No(s):

Mobile:

Office:

Work:

Email:

Signature:

Date:

(owner or owners agent)

Print name:

If you have any questions about this form or EPIRB registration then please contact St. Kitts & Nevis International Ship Registry - mail@stkittsnevisregistry.net



St. Kitts & Nevis International Ship Registry

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