



ST KITTS & NEVIS INTERNATIONAL SHIP REGISTRY

The Saint Christopher & Nevis Merchant Shipping Act, Cap. 7.05
Department of Maritime Affairs



APPLICATION FOR RENEWAL OF REGISTRATION

PLEASE COMPLETE IN CAPITAL LETTERS IN BLACK INK OR BY TYPING.
NOTE THE DOCUMENTATION CHECKLIST RP4

VESSEL DETAILS

Name of Vessel	Port of Registry	IMO Number
Official Number	Call Sign	MMSI Number
SKN		

DETAILS OF OWNER(S)

Full Name of Owner(s) :			
Address: Address Line 1 :			
Address Line 2 :		Tel :	
Town/City :		Fax :	
Post / Zip Code :		Email :	
Country :		IMO Owner Number (if known)	
Name of Applicant : (if different from owner)			

We hereby apply to renew the Registration of the above-mentioned ship and confirm that there have been no changes to any information about, or particulars of the ship or its ownership, since our first Application for Registration and/or the Application(s) made on the following date(s) as indicated below for changes to the ship or ownership particulars:

Date of Application(s)

Signature of Applicant

Print Name

Date of Application

Title

Authority under which this document is signed (if applicable) i.e. Officer (Director) of company or Owner's Agent etc

The person signing this application confirms that he/she is either the Owner or in the case of a Company, a duly authorised officer of that company or is the Owner's agent. In the case of an Owner's agent, such authority is to be supported by a written testimony giving such authority. By signing, he/she declares that to the best of his/her knowledge the information contained herein is correct and that if there are any changes to such information before the original Application Form is submitted to SKANReg to facilitate Permanent Registration, which the Owner(s) will notify the SKANReg of the changes and submit a revised Application.

FORM CODE: A9	ISSUE No: 004	EFFECTIVE: 07/11/2013
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