

Application for Membership

※Please fill in all the marked items.

※ Date of Application _____

Details of Membership

※ Applicant	<input type="checkbox"/> Owner <input type="checkbox"/> Bareboat Charterer <input type="checkbox"/> Other (_____)	Date of Entry	
※ Name of Applicant			
※ Address			
※ Name of the Representative		※ Title of the Representative	
Name of Department		Telephone Number	
E-mail Address	@		

※ Name of the Undersigned _____

※ Title of the Undersigned _____ ※ Signature _____

I / We hereby apply to become a member of your Association in accordance with the Articles of your Association with which I / we agree to conform. For this purpose I/we agree to pay the undermentioned Contribution Fund:

※ Contribution Fund: ¥ _____ (_____ shares)

I / We also request you to enter the ship specified below for insurance in your Association according to the Articles of your Association with the partial amendment as mentioned below :

※ Details of Ship

Name of Ship		Date of Built	
Type of Ship		Cargo	
Gross Tonnage		Classification	
Flag		Official Number	
Call Sign		IMO Number	
Hull Insurer		Hull Insurance Clause	
ISM Code	<input type="checkbox"/> YES <input type="checkbox"/> NO	ISPS Code	<input type="checkbox"/> YES <input type="checkbox"/> NO
Nationality /	/	/	/
Number of Crew	/	/	/

Details of Policy

※ Insurance Period	~ 20 February,		
※ Risks Covered	<input type="checkbox"/> Protection <input type="checkbox"/> Indemnity <input type="checkbox"/> Crew <input type="checkbox"/> 1/4th RDC <input type="checkbox"/> 4/4th RDC <input type="checkbox"/> Other (_____)		
※ Amount Insured	As per Rules and Special Clauses of the Association	※ Rate of Advance Call	@ \$ _____ Per ET
Advance Call	\$ _____	※ Number of Instalment(s)	Advance Call to be paid in (_____) instalment(s)
FD&D	<input type="checkbox"/> YES <input type="checkbox"/> NO	FD&D Amount Insured	¥ 1.5 billion FD&D Call \$ _____ Per Ship
Remarks:			

Attachment

Certificate of Ship's Nationality (copy) or Certified Copy of Ship's Registry and Hull Insurance Policy (copy)
If you appoint an Agent : Power of Attorney and Notification for Acceptance of Agency