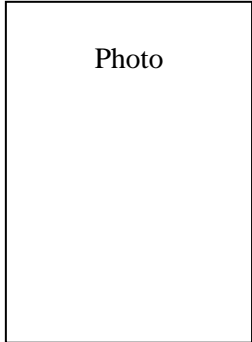


SEAFARER APPLICATION FORM

Position applied for: _____

1 Surname : _____ 4 Date of birth : _____
 2 Name : _____ 5 Place of birth : _____
 3 Given name : _____ 6 Citizenship : _____
 7 Address : _____
 8 Phone No. (home) : _____ 9 Phone No. (contact): _____
 10 Seaman's ID No. : _____ 14 InterPassport No.: _____
 11 Place of issue : _____ 15 Place of issue : _____
 12 Date of issue : _____ 16 Date of issue : _____
 13 Date of expiry : _____ 17 Date of expiry : _____
 18 Marital status (celibatarian - married - divorced - widowed)
 19 Wife's name : _____ 20 Weight/Height : _____
 21 Mother's name : _____
 22 Approved Education: _____



23 CERTIFICATES

Description	Registration No.	Place of issue	Date of issue
Certificate of Competency			
Endorsement to the CC			
Ship's Safety Officer (ISM Code)			
Basic safety training STCW' 78/95			
* Medical Care			
* Fire Fighting			
* Survival Craft			
* Medical First Aid			
Chemical Tanker			
Oil Product Tanker			
Liquefied Gas Tanker			
Ro-Ro Passenger Ship			
HAZMAT / Dangerous Cargoes			
C.O.W. / I.G.S.			
ARPA			
GMDSS / GOC			
Radar Simulator			
Medical Examination			
Vaccination Yellow Fever			

24 PROFESSIONAL EXPERIENCE DURING LAST 5 YEARS (in backwards order)

RANK	MISSION STARTED	MISSION COMPLETED	SHIPOWNER/Nationality Tel/Fax/e-mail	VESSEL Name & Type	DWT	ME Type/BHP

Minimum acceptable salary USD _____

I, undersigned, confirm all above information to be true and correct to my best knowledge:
 Signature of the Applicant _____

CREW MANAGER REMARKS	1	2	3	4	5
English:					