

APPLICATION TO REMOVE A BRITISH SHIP FROM THE REGISTER

Merchant Shipping Act 1995

READ THE FOLLOWING NOTES BEFORE COMPLETING THIS FORM

- Please write in black ink using BLOCK CAPITALS and tick the boxes where appropriate.
- Section 1 and 4 **must** be completed in all cases by the registered owner or the beneficial owner with a supporting Bill of Sale from the registered owner in the prescribed format.
- This form must be completed and returned with the original Certificate of Registry to The Registry of Shipping & Seamen.
- Anchor Court, Keen Road, Cardiff, CF24 5JW or PO Box420, Cardiff, CF24 5XR

SECTION 1: DETAILS OF THE SHIP

NAME OF SHIP			
IMO NUMBER		OFFICIAL NUMBER	
PORT OF CHOICE			
TYPE OF SHIP (do not complete for fishing vessels)		YEAR OF BUILD	
HAS THE SHIP ANY OUTSTANDING MORTGAGES?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

SECTION 2: REASON FOR REMOVAL FROM THE REGISTER

Please tick relevant box below and give date/details.

1. VESSEL SOLD	[]	DATE SOLD _____ / _____ / _____	
NAME AND ADDRESS OF NEW OWNER			
2. VESSEL DESTROYED	[]	DATE DESTROYED _____ / _____ / _____	
HOW WAS IT DESTROYED?			
WRECKED	<input type="checkbox"/>	SCRAPPED	<input type="checkbox"/>
		FIRE	<input type="checkbox"/>
		OTHER	
3. REGISTER ELSEWHERE	[]	WHICH COUNTRY?	

REASON FOR REGISTERING ELSEWHERE?
i.e. economic incentive, simpler registration process etc.

SECTION 3: FEEDBACK – YOUR OPINION OF THE MCA

The Maritime and Coastguard Agency is dedicated to providing you with a first class service and continually seek feedback so that we can improve our service to you. Your views are important to us and we would be grateful for your help in taking a few minutes to complete this section. We read every form, positive or negative and take your comments seriously. Thank you for the time in helping us further improve the service we provide.

THE REGISTRY OF SHIPPING & SEAMEN (RSS)

	Always	Most of the time	Some times	Never
I believe that RSS provides good customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that the staff at RSS have a professional attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find they go the extra mile to help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

Customer Account Managers (CAM) if applicable.

	Always	Most of the time	Some times	Never
I believe that CAM provides good customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that the staff at CAM have a professional attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find they go the extra mile to help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

SEAFARERS TRAINING & CERTIFICATION BRANCH (STC)

	Always	Most of the time	Some times	Never
I believe that STC provides good customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that the staff at STC have a professional attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find they go the extra mile to help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

SECTION 4: OWNER(S) (to be completed in all cases)

All owners **must** sign and date below

SIGNATURE(S) OF OWNER(S)	FULL NAME(S) OF OWNER(S)	DATE