

Vessel Details

Name of Ship	<input type="text"/>				
IMO	<input type="text"/>	Class	<input type="text"/>		
Year of Build	<input type="text"/>	GT	<input type="text"/>	Type	<input type="text"/>
Call Sign	<input type="text"/>	Flag	<input type="text"/>	Port of Registry	<input type="text"/>

Entry Details

Date of Entry	<input type="text" value="YYYY"/>	<input type="text" value="MM"/>	<input type="text" value="DD"/>	Insurance	<input type="checkbox"/> H&M	<input type="checkbox"/> IV	<input type="checkbox"/> LoH	<input type="checkbox"/> War
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Owner/Assured

Registered Owner	<input type="text" value="Full name"/>	<input type="text" value="Country of Domicile"/>
	<input type="text" value="Company registration number"/>	<input type="text" value="VAT number"/>
	<input type="text" value="Address (full style)"/>	

Assured

Please check this box if same as Registered Owner

Other Capacity: As Bareboat Charterer Other (In capacity as: _____)

<input type="text" value="Full name"/>	<input type="text" value="Country of Domicile"/>
<input type="text" value="Company registration number"/>	<input type="text" value="VAT number"/>
<input type="text" value="Address (full style)"/>	



Technical Management

Document Holder

Full name

ISM No (6 digits)

E-mail

Phone

Company registration number

VAT number

Address (full style)

Mortgagee

Mortgagee

Please check this box if no mortgagee

Full name

Company registration number

VAT number

Address (full style)

E-mail

Country of Domicile

Co-Assured(s)

Co-Assured 1

In Capacity as

Country of Domicile

Full name

Company registration number

VAT number

Address (full style)



Entry Form H&M etc.

**Co-Assured 2
(if applicable)**

In Capacity as	Country of Domicile
Full name	
Company registration number	VAT number
Address (full style)	

**Co-Assured 3
(if applicable)**

In Capacity as	Country of Domicile
Full name	
Company registration number	VAT number
Address (full style)	

**Co-Assured 4
(if applicable)**

In Capacity as	Country of Domicile
Full name	
Company registration number	VAT number
Address (full style)	



Premium Payer & Debit Notes Receiver

Premium Payer

Debit Notes Receiver

Please check this box if same as Premium Payer

Date

YYYY	MM	DD
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Signature

Signed by Member (if not signed by Member must be signed by authorized signatory of Member)

The Swedish Club

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