



# ST KITTS & NEVIS INTERNATIONAL SHIP REGISTRY

The Saint Christopher & Nevis Merchant Shipping Act, Cap. 7:05  
Department of Maritime Affairs



## APPLICATION FOR REGISTRATION UNDER ST KITTS & NEVIS FLAG

<b>TYPE OF REGISTRATION APPLIED FOR</b>				Provisional / Permanent: <input type="checkbox"/>	Special Purpose : <input type="checkbox"/>	Bareboat Charter In: <input type="checkbox"/>
<b>PLEASE COMPLETE IN CAPITAL LETTERS IN BLACK INK OR BY TYPING. NOTE THE DOCUMENTATION CHECKLISTS:          RP1 &amp; RP3 for Provisional/Permanent Registration          RP6 for Special Purpose Registration          RP16 &amp; RP17 for Bareboat Charter In Registration</b>						
<b>VESSEL DETAILS</b>						
<i>Approved Name for Registration</i>		<i>IMO Number</i>		<i>Intended Port of Registry</i>		<i>Intended date &amp; port of Purchase/change of Registry</i>
<i>Current Name or Hull Number, if under construction</i>				<i>Current Registry</i>		
<i>Gross Tonnage</i>		<i>Net Tonnage</i>		<i>Type of Vessel</i>		
<i>Length (m)</i>		<i>Breadth (m)</i>		<i>Depth (m)</i>		<i>Please note : Tonnages and dimensions stated are in accordance with the 1969 International Tonnage Convention</i>
<i>Year Built</i>		<i>HIN (where applicable)</i>		<i>Country of Build</i>		
<i>Material of Hull</i>		<i>Number of Main Engines</i>		<i>Propulsion (Steam/Motor/Sail/Dumb)</i>		<i>Total Main Engine Power (kw)</i>
<b>DETAILS OF OWNER(S)*/BAREBOAT CHARTERER(S)</b>						
<small>*for more than one owner, a continuation sheet is to be completed with details of the other owners as below. Please tick here ( ) if continuation sheet is added</small>						
<i>Full Name of First (or only) Owner :</i>				<i>Tel :</i>		
<i>Address: Address Line 1 :</i>				<i>Fax :</i>		
<i>Address Line 2 :</i>				<i>Email :</i>		
<i>Town/City :</i>				<i>IMO Owner Number (if known)</i>		
<i>Post / Zip Code :</i>				<i>Number of Shares Held (maximum of shares per ship is sixty four)</i>		
<i>Country :</i>				<i>Passport Number (for individuals)</i>		
<b>DETAILS OF COMPANY RESPONSIBLE FOR MANAGEMENT</b>						
<small>*if different from Owners (The Managers)</small>						
<i>Full Name of Company :</i>						
<i>Address: Address Line 1 :</i>						
<i>Address Line 2 :</i>				<i>Tel :</i>		
<i>Address Line 3:</i>				<i>Fax :</i>		
<i>Town/City :</i>				<i>Email :</i>		
<i>Post / Zip Code :</i>				<i>24hr Emergency Telephone Number:</i>		
<i>Country :</i>				<i>IMO Company Number (if known)</i>		

<b>MARITIME RESIDENT AGENT (Representative Person)</b> <i>A Representative Person is a requirement of the Registrar for Ship Registration. According to the Ship Ownership Qualification Regulations 2005, the Representative Person so appointed shall be a "regulated business activity" according to the Proceeds of Crime Act, 2000. By making this application and completing the details herein, Owners appoint this person/company as their Maritime Resident Agent (Representative Person). The Registrar may require separate written evidence of the appointment.</i>	Name of Appointed Maritime Resident Agent

<b>RADIO COMMUNICATIONS</b>			
<i>Owners hereby nominate the following Radio Traffic Accounting Authority (Accounting Authority Identification Code- AAIC) and Point of Service Activation (PSA) for the services described hereafter. Such organisations duly authorized by the ITU or Inmarsat are acceptable. Pending the effective date of the contract, the responsibility for payment of accounts and correspondence relative to radio communication services for the vessel is hereby assumed by the Owner.</i>			
AAIC for Radio Communications		AAIC/PSA for Inmarsat Services	
<b>RADIO COMMUNICATION EQUIPMENT</b>			
<i>Owners hereby confirm that the ship radio station equipment and electronic navigational equipment is in compliance with current ITU and IMO/SOLAS requirements for the size and type of ship and its trading area(s) and that they will submit the equipment to inspection as required. (please mark appropriate box with an 'X')</i>			
Equipment used:	<input type="checkbox"/> : RT	<input type="checkbox"/> : GMDSS	<input type="checkbox"/> : N/A
GMDSS Area(s):	<input type="checkbox"/> : A1	<input type="checkbox"/> : A2	<input type="checkbox"/> : A3 <input type="checkbox"/> : A4

<b>CLASSIFICATION SOCIETY / RECOGNISED ORGANISATION</b>	
Classification Society(ies)/RO/RSO's who will issue Statutory Certificate on behalf of St Kitts & Nevis. Please state the Class/RO who will issue the ISM/ISPS Certificates if different	

<b>INSURANCE / P &amp; I</b>	
<i>The Applicants attention is drawn to Section 52 of the Merchant Shipping Act that states "Every St. Kitts &amp; Nevis ship shall carry insurance cover against the risk of loss or damage to third parties".</i>	
Insurer/P&I Club	

<p><b><u>DECLARATION OF ELIGIBILITY</u></b></p> <p><i>The person signing this application confirms that he/she is either the First Named Owner or in the case of a Company an Officer of that company or is the Owner's agent.</i></p> <p><i>In the case of an Owner's agent, such authority is to be supported by a written testimony from the Owner's giving such authority. By signing this document the applicant confirms that the Owner(s) is/are qualified to be an Owner(s) of a, or share(s) in a, St. Kitts &amp; Nevis Ship according to the provisions of the Act and hereby declare their individual and several eligibility to be an Owner under the provisions of the Act according to Sections 4 &amp; 5 or any Statutory Orders and Regulations and that where applicable a Representative Person according to Section 6 has been appointed.</i></p> <p><i>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 The Registrar to facilitate Permanent Registration that the Owner will notify The Registrar of the changes and submit a revised Application.</i></p>
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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

Please affix applicants stamp/seal

FORM CODE: A1	ISSUE No: 004	REVISED: 07/11/2013
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