Revised form M.S.45 (Registration of SAR Particulars)

Circular No. 8/99
TEN 1/5
TEN 32/4/17
TEN 32/6/13

18 March 1999

To all Owners, Managers and representatives of ships under Cyprus flag

The experience from the recent implementation of the GMDSS (1st of February 1999) and the feedback on the use of the existing form M.S.45 have necessitated its revision for the benefit of everybody.

In view of the above, the existing form M.S.45 is replaced by the revised form M.S.45 which is attached herewith.

The new form M.S.45 should be used forthwith when submitting documents in accordance with our circulars TEN 32/4/17 (Allocation of Maritime Mobile Service Identify (MMSI)) dated 7 January 1994 and TEN 32/6/13 (ISM Code) with No. 7/1998 dated 16 March 1998.

S.S. Serghiou
Director

cc:

- Permanent Secretary, Ministry of Communications and Works
- Permanent Secretary, Ministry of Foreign Affairs
- Maritime Offices of the Department of Merchant Shipping abroad
- Diplomatic and Consular Missions of the Republic
- Honorary Consular Officers of the Republic
- Cyprus Shipping Council
- Union of Cypriot Shipowners
- Cyprus Bar Association
## DEPARTMENT OF MERCHANT SHIPPING
### REGISTRATION OF SAR PARTICULARS

<table>
<thead>
<tr>
<th>MMSI:</th>
<th>Date of EPIRB Registration:</th>
</tr>
</thead>
</table>

### Ship Description

**A. Name of Vessel**
- Call Sign & IMO No.
- Type of Vessel

**B. Superstructure**
- Location and Colour

**C. Hull Profile**
- Colour

**D. Sequence of Uprights**

**E. Length**

**F. Condition of Loading**

**G. Other Characteristics**

### Capacity for Persons on board

<table>
<thead>
<tr>
<th>Crew</th>
<th>Passengers</th>
</tr>
</thead>
</table>

### Ship’s Radio Installation

**Inmarsat Ship Earth Station (denote I.D.)**

<table>
<thead>
<tr>
<th>Direct Printing Telegraphy (NBDP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selective Call Number:</td>
</tr>
<tr>
<td>G.S.M. Tel:</td>
</tr>
<tr>
<td>Others:</td>
</tr>
</tbody>
</table>

### Registered Owner (Name/address)

<table>
<thead>
<tr>
<th>Telephone</th>
<th>Telex</th>
<th>Facsimile</th>
</tr>
</thead>
</table>

### Contact Person (Company name & address) O.H.

<table>
<thead>
<tr>
<th>Telephone</th>
<th>Telex</th>
<th>Facsimile</th>
</tr>
</thead>
</table>

### Contact Person (Name, home address) A.O.H.

<table>
<thead>
<tr>
<th>Telephone</th>
<th>Mob. Telephone</th>
<th>Facsimile</th>
</tr>
</thead>
</table>

Signature ..........................  Date .............................