



REPUBLIC OF CYPRUS

SHIPPING DEPUTY MINISTRY

APPLICATION FOR THE ISSUE OR RENEWAL OR REPLACEMENT OF A SEAFARER'S IDENTIFICATION AND SEA SERVICE RECORD BOOK (SISRB) (ONLY FOR PERMANENT RESIDENTS)

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1. Surname (Family Name)		2. First Name (Given Name)	
3. Date of birth Day: _____ Month: _____ Year: _____		4. Place of Birth City: _____ Country: _____	
5. Nationality (Citizenship):		6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Father's First Name (Given Name)			
8. Medical Certificate issue date Day: _____ Month: _____ Year: _____		9. Medical Certificate expiry date Day: _____ Month: _____ Year: _____	
10. Medical Certificate Issuing Authority (Country)			
11. Seafarer's mailing Address Street: _____ Postal Code: _____ City: _____ Country: _____ Tel.: _____ Fax: _____ Email: _____			
12. In case of Emergency notify : Relationship: _____ Surname (Family Name): _____ First Name (Given Name): _____ Street: _____ Postal Code: _____ City: _____ Country: _____ Tel.: _____ Fax: _____ E-mail: _____			
13. PROOF OF IDENTITY			
Identity Document <input type="checkbox"/> Passport <input type="checkbox"/> Seaman's Book		Identity Document Number	
Identity Document issuing Authority (Country)			
14. CERTIFICATE NOW HELD, IF ANY			
Grade of certificate now held, If any		Certificate issuing Authority (Country)	
Certificate issue date Day: _____ Month: _____ Year: _____		Certificate expiry date Day: _____ Month: _____ Year: _____	
15. Under 18 Years old but greater than 16 years old If The answer is YES, attach written consent from your legal guardian		<input type="checkbox"/> YES <input type="checkbox"/> NO	
16. Are you able to swim ? Cyprus Legislation requires that persons applying for a Seafarer's Identification and Sea Service Record Book must be able to swim		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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17. Is this an application for Renewal / Replacement?

YES NO

If Yes give old book number

C	Y								
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If the application is for a replacement, give reason for replacement

18. If furnished with Cyprus certificates or endorsement or training documentary evidence or seafarer's identification and record book, specify Seafarer's Identification Number

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19. DECLARATION

KWOWING THAT THE MAXIMUM PENALTY FOR FALSE DECLARATIONS AND/OR SUBMITTING FORGED DOCUMENTS IS 8543 EURO OR TWO YEARS OF INPRISONMENT OR BOTH SENTENCES,

I DECLARE THAT THE INFORMATION I HAVE GIVEN IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE. I ALSO DECLARE THAT THE DOCUMENTS SUBMITTED ARE GENUINE.

.....
Signature

.....
Date of Application

20. Check List of Documents

Please check whether the following documents are attached with this application :

Two (2) Photographs (3 x 4 cm)	
Copy of valid Passport or Travelling Document	
Copy of Medical Examination Certificate	
Copy of Certificate of Competency if any	
Certificate of clear criminal record	

FOR OFFICIAL USE ONLY

Do not write below this line