



REPUBLIC OF CYPRUS

SHIPPING DEPUTY MINISTRY	Application Form for Companies to Get Access in the Electronic Seafarer’s Application System (e-SAS) (Form to be completed by companies, pursuant to SDM Circular No.25/2016)	Page 1 of 1
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1. NAME OF COMPANY¹ -----

2. IMO No. : -----

3. BUSINESS ADDRESS:

STREET: -----

TOWN: -----

ZIP CODE: -----

COUNTRY: -----

4. CONTACT DETAILS:

NAME: -----

POSITION: -----

E-MAIL: -----

TEL: -----

FAX: -----

5. DECLARATION

I, the undersigned, understand that I am responsible for the use of the e-SAS according to the Rules, Requirements and Instructions of the Shipping Deputy Ministry to the President, I have full responsibility for the accuracy and authenticity of the information submitted and electronic documents uploaded into the e-SAS and I will secure that only authorized by the Company personnel will have access to the account provided by Shipping Deputy Ministry to the President.

NAME: -----

POSITION²: -----

SIGNATURE: -----

SEAL OF THE COMPANY

1 For ships certificated under ISM Code the DOC holder (Copy of Document of Compliance is required)

2 A person with the Authority to legally bind the Company