

Shipping Deputy Ministry

**APPLICATION FOR THE ISSUING OF A CERTIFICATE TO A NON- STATE PARTY VESSEL
 ATTESTING INSURANCE OR OTHER FINANCIAL SECURITY IS IN PLACE IN RESPECT OF CIVIL
 LIABILITY UNDER THE 2001 BUNKERS CONVENTION¹**

VESSEL DETAILS	
VESSEL NAME	
IMO NUMBER	
DISTINCTIVE NUMBER OR LETTERS (CALL SIGN)	
PORT OF REGISTRY/ FLAG	
FULL NAME OF VESSEL'S REGISTERED OWNER	

APPLICANT				
NAME OF APPLICANT (COMPANY NAME)				
ADDRESS OF THE APPLICANT				
TELEPHONE NO.				
EMAIL				
PREFERRED DELIVERY MODE <i>(to be completed only if the Certificate will not be collected from the DMS)</i> (tick ✓ as appropriate)	By registered mail	By courier service charging the recipient's courier account		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<i>Courier Account Details:</i>			
FULL ADDRESS FOR MAILING THE CERTIFICATE <i>(if different from the above address of the Applicant-Include name of contact person and telephone no.)</i>				
CAPACITY OF THE APPLICANT (tick ✓ as appropriate)	Vessel's Authorised Legal Representative	Vessel's Shipowning Company	Vessel's Shipmanagement Company	Vessel's bareboat charterer
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ National Ratification Law 19(III)/2004.

DETAILS OF CERTIFICATE FURNISHED AS EVIDENCE OF INSURANCE (Insurance/ P & I Club Blue Card)				
	Name of the Assurance Association issuing the Certificate (Blue Card)	Date of issue of the Certificate (Blue Card)	Cover commencement date	Cover expiry date
2001 BUNKERS CONVENTION				

The following are hereby attached:

- (i)** Proof of payment of the prescribed fee of euro 180;
- (ii)** Copy of the Certificate of Registration of the Vessel;
- (iii)** Insurance/ P & I Club Blue Card;
- (iv)** the required excel file duly filled in.

Declarations:

It is hereby declared on behalf of the Vessel's Owners that:

- a) they undertake to immediately notify the DMS in the event of any changes, alterations or other reasons whatsoever which may cancel, cause or constitute the Evidence of Insurance (Blue Card) null and void and that they further understand that the Certificate will cease to be valid as from the time the Evidence of Insurance (Blue Card) ceases to be in force. In such eventuality the Company undertakes to forthwith return the Certificate to the DMS;
- b) they undertake to return, within 15 days, the Certificate to the DMS or deposit it with the nearest Diplomatic Mission or Honorary Consular Officer of the Republic of Cyprus, for onwards transmission to the DMS, in case the subject vessel ceases to be registered in the ownership of the Company or the Certificate has been terminated.
- c) they note that failure to comply with the provisions of the national Law constitutes an offence punishable by an administrative fine;
- d) they note that the submission of fraudulent or deceitful information for the purpose of obtaining a Certificate, constitutes a criminal offence punishable with a sentence of imprisonment and/ or a fine.

NAME AND TITLE (Mr. ,Mrs. , Capt) OF AUTHORISED PERSON SIGNING ON BEHALF OF THE APPLICANT	SIGNATURE	DATE