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| **SHIPPING DEPUTY MINISTRY** | **Application form submitted by the Approved Doctors in order to receive Medical Certificates for Service at Sea** | Page 1 of 1 |

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| Please state the number of medical certificates you need to be collected. Cost for every medical certificate is **€** 2.00 euros. |  |  |
| Has the relevant payment done? |  | **Yes/No** |
| Please inform SDM for payment by sending the payment receipt at: [seafarers@dms.gov.cy](mailto:seafarers@dms.gov.cy) & [mlc@dms.gov.cy](mailto:mlc@dms.gov.cy) or by sending a copy at the following fax number: +357 25305030 |  |  |
| Telephone Number of the applicant: |  |  |
| Email address of the applicant: |  |  |
| Fax Number of the applicant: |  |  |
| Address of the applicant: |  |  |
| Date of the application: |  |  |
| Has the doctor informed SDM about his/her obligations, as far it concerns form EN08F11 and more specifically par.2,3,6 |  | **Yes/No** |
| Name & Signature of the approved doctor- medical practitioner: |  |  |

**Για υπηρεσιακή χρήση /For official use only**

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| **ελεγχοσ** | | | | **εγκριση** |
| Ονοματεπώνυμο: ..........................  Ημερομηνία: .........................…… | | | | Ονοματεπώνυμο: ..........................  Ημερομηνία: .........................…… |
| πληροι |  | δεν πληροι\* |  |
| υπογραφη | | | | υπογραφη |
| \*λογοσ απορριψησ της αιτησης | | | | |