



REPUBLIC OF CYPRUS

SHIPPING DEPUTY MINISTRY

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 & 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

ΕΛΕΓΧΟΣ		ΕΓΚΡΙΣΗ	
Όνοματεπώνυμο:		Όνοματεπώνυμο:	
Ημερομηνία:		Ημερομηνία:	
ΠΛΗΡΟΙ		ΔΕΝ ΠΛΗΡΟΙ*	
ΥΠΟΓΡΑΦΗ		ΥΠΟΓΡΑΦΗ	
*ΛΟΓΟΣ ΑΠΟΡΡΙΨΗΣ ΤΗΣ ΑΙΤΗΣΗΣ			