



REPUBLIC OF CYPRUS
**MINISTRY OF TRANSPORT,
COMMUNICATIONS AND WORKS**



**DEPARTMENT
OF MERCHANT SHIPPING**
LEMESOS

Circular No. 29/2016
TEN 5.13.09
TEN 12.3.01.2.2.

29 September 2016

To all Registered Owners, Registered Bareboat Charterers,
Managers and Representatives of Ships flying the Cyprus Flag

Subject: Electronic Seafarer's Application System

I refer to the above subject and further to our Circular No.25/2016 dated 31st August 2016, I wish to inform you that companies located in Cyprus that have substantial number of transactions with the Department of Merchant of Shipping providing services to third parties for the submission of applications for Cyprus endorsements attesting the recognition a non Cyprus Certificate of Competency since 1/7/2013 can apply to get access to the Electronic Seafarer's Application System (e-SAS) using the attached form EN05F01c.

Please note that the submission of an average of 100 applications per year will be considered as a substantial number of transactions.

The Seafarers' Division of the Department will be at the disposal of anyone concerned with the matter for any explanations and clarifications they may require.

Ioannis Efstratiou
Acting Director
Department of Merchant Shipping

Cc:

Permanent Secretary, Ministry of Transport, Communications and Works
Maritime Offices of the Department of Merchant Shipping abroad
Inspectors of Cyprus Ships
Permanent Secretary, Ministry of Foreign Affairs
Diplomatic Missions and Honorary Consular Offices of the Republic
Cyprus Shipping Chamber
Cyprus Union of Ship-owners
Trade Union SEK
Trade Union PEO
Cyprus Bar Association





REPUBLIC OF CYPRUS
MINISTRY OF TRANSPORT,
COMMUNICATIONS AND WORK



DEPARTMENT
OF MERCHANT SHIPPING
LEMESOS

DEPARTMENT OF MERCHANT SHIPPING	Application Form to be completed by companies, pursuant to DMS Circular No.29/2016)	Page 1 of 1
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1. **NAME OF COMPANY¹** : -----
 2. **NUMBER OF APPLICATIONS SUBMITTED FOR CYPRUS ENDORSEMENTS FROM 1/7/2013 UNTIL TODAY²** : -----

3. BUSINESS ADDRESS:

STREET: -----
 TOWN: -----
 POSTAL CODE: -----

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 Department of Merchant Shipping (DMS), I have full responsibility for the accuracy and authenticity of the information submitted and the 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 DMS.

NAME: -----

POSITION³: -----

SIGNATURE: -----

 SEAL OF THE COMPANY

¹ Company located in Cyprus.

² i.e until the date of submission of the present application.

³ A person with the authority to legally bind the Company.