

REPUBLIC OF CYPRUS

**SHIPPING DEPUTY MINISTRY**

**APPOINTMENT OF AUTHORISED REPRESENTATIVE**

1. **Appointment**

I, the undersigned, .............................................................. of ………… , acting for and on behalf of …………………...……… …………………….………. (\*), (hereinafter called “ the Owner ” / “ the Manager ” ) (\*), of the vessel …………………...……….

LL / Official No / IMO No (\*) …………...………………... , (hereinafter called “the Vessel”) hereby confirm and declare as follows:

1. I / The Owner / The Manager (\*) hereby appoint(s) **(a)** ………………………………….…………………………… of …………………… hereinafter called “the Authorised Representative”) as my authorised representative / the authorised representative of the Owner / the Manager (\*) in Cyprus.
2. I / The Owner / The Manager (\*) hereby undertake(s) to maintain an authorised representative during the whole period of engaging in bareboat chartering and to immediately notify the Shipping Deputy Ministry of any change of the Authorised Representative.

Dated this ……. day of ………………. , 20 …...

Signature: …………………………………………………………

## Owner / Manager / For and behalf of Owner / Manager (\*) **(b)(c)**

**(\*) Delete as appropriate and/or applicable.**

# Acceptance of Appointment

1. a) I, the undersigned, ……………..... of ……………… acting for and on behalf of the Authorised Representative confirm and declare as follows: The Authorised Representative, a partnership / corporation / branch (\*) was incorporated / established a branch (\*) in Cyprus on ……………........ in accordance with the provisions of the Partnerships and Business Law Cap. 116 as amended / the Companies Law, Cap.113 as amended (\*) with registered office situated at …………………… **(d)**

b) I, the undersigned, ……………………………………… **(a)** am a Cypriot citizen / citizen of an EU country (\*) and I am a resident of Cyprus. **(e)**

1. I / The Authorised Representative (\*) hereby accept(s) to act as authorised representative of the Owner / Manager (\*) in Cyprus.
2. I / The Authorised Representative (\*) hereby undertake(s) to notify immediately, the Shipping Deputy Ministry, if and when

my / its (\*) services as authorised representative shall cease and/or are terminated and/or of any change of my / its (\*) details as given hereunder shall change:

Name: ………..…………………………………………….…….. **(a)**

I.D. No. / Passport No. / Registration No. (\*) : ………….…...  **(f)**

Address: ………………………………………………………….

Tel. No.: …………………………………………………………. Signature:………….…………………………………………

Fax No.: …………………………………………………………. Authorised Representative

E-mail: …………………………………………………...……… For and on behalf of Authorised Representative (\*) **(b)(c)**

Dated this ……. day of ……………… , 20 ……...

## **(\*) Delete as appropriate and/or applicable.**

* 1. Insert name of authorised representative.
  2. Declaration must be made before the Court Registrar, Certifying Officer, Notary Public (Apostilled).
  3. In case of legal entity, the common Seal of the company must be affixed, if available.
  4. Complete in case of legal entity.
  5. Complete in case of natural person.
  6. Insert I.D. No./Passport No./Registration number of partnership/corporation/branch, as the case may be.