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|  | **APPLICATION FOR TRANSCRIPT CERTIFICATE** |
| **Europe Head Office** **5, Sachtouri Street** **Piraeus, Greece,** **18536, 6th floor** **T: +30 210 4293500** **F: +30 210 4293505** | **USA Head Office** **The Woodlands, TX, 77380 9595 Six Pines Drive,** **Suite 8210, Office 277** **T: +1 832 631 6061** **F: +1 832 631 6001** |

# part 1. vessel particulars

|  |  |  |  |
| --- | --- | --- | --- |
| Vessel Name: |       | Official Number: |       |
| IMO Number: |       | Call Sign:  |       |

# part 2. applicant & company information

|  |  |
| --- | --- |
| Name of Applicant:  |       |
| Email Address: |       | Telephone Number: |       |
| Address: |       | Company Name: |       |
| Passport Number: |       | Citizenship: |       |

# part 3. reason for requesting this certificate

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|       |

# part 4. OATH OF the applicant

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| Name of the Applicant       |
| I declare that I am Authorized Person to request transcript for the abovementioned vessel. I hereby acknowledge and affirm that I have reviewed and agreed with PISR [GDPR Policy](https://www.palaureg.com/wp-content/uploads/2018/10/GDPR-Compliance-Policy-3.10.18.pdf). |
| Signature | Date |
|       |       |
| Place |       |

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| A black and silver text on a white surface  Description generated with high confidenceScan to download thisapplication form |