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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

|  |  |  |
| --- | --- | --- |
| 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 this  application form |