

GUIDANCE NOTE 03/2017 (Rev 2.0)

APPLICATION FORMS FOR CAYMAN ISLANDS ENDORSEMENTS AND SEAFARER DISCHARGE BOOKS

To: OWNERS, MANAGERS, MANNING AGENCIES AND SEAFARERS

1. BACKGROUND

1.1 This Guidance Note is revised to update the contact email address for Cayman Islands Endorsement and Seafarer Discharge Book applications.

1.2 The application forms for both the Cayman Islands Endorsement and the Seafarer Discharge Book have also been updated. The updated forms are also intended to facilitate applications being submitted electronically by email to caymanregistry@cishipping.com.

1.3 The new forms can be downloaded from www.cishipping.com. A sample of each form is included with this Guidance Note.

1.4 These forms must be used for all future applications and the previous forms are now formally withdrawn.

2. APPLYING FOR A CAYMAN ISLANDS ENDORSEMENT OR DISCHARGE BOOK

2.1 The new application forms are supplied as “fillable” pdf forms. Once completed, these forms should be printed out and signed. Once signed, the forms can be scanned and submitted to caymanregistry@cishipping.com.

2.2 Supporting documentation, such as Certificates of Competency, medical certificates, STCW training certificates, etc, should be scanned as pdf files.

2.3 Photographs should be full face without a hat, taken against a plain background and scanned as a jpeg file. Scanned photographs should be between 100KB and 2MB in size.

2.4 Email attachments in support of an application should not exceed 5MB in total.

3. DECLARATIONS, SIGNATURES AND ADDRESSES

3.1 Both application forms contain legal declarations to be made by both the applicant and the sponsoring entity (usually a shipping company or manning agency). These declarations should be thoroughly read and understood before signing. Knowingly making a declaration that is false or misleading is an offence under the Merchant Shipping Law.

3.2 The signatures supplied on the first page of each application form are transferred from the form onto the final endorsement or discharge book. It is therefore very important that signatures are completely inside the “signature boxes” provided. If the signature goes outside of the signature box, the application form will need to be resubmitted. This will lead to delays in issuing the endorsement or discharge book.

3.3 Where the forms require the home address of the seafarer, this should not be given as “care of” any other entity or company. It is important that a direct contact address is supplied for each seafarer.

4. DOCUMENTS SUBMITTED IN SUPPORT OF APPLICATIONS

4.1 Each application form details the information and documents that are required in support of the application. If the application is made by post or in person it is important that **copies** of requested documents are submitted. All original documentation should be retained by the applicant.

4.2 When copies of certificates of competency or certificates of proficiency are required, it is important that **all pages** of the relevant certificates are included with the application.

4.3 Under the Manila Amendments to the STCW Convention, refresher training is now required under Chapter VI (Emergency, occupational safety, security, medical care and survival functions). Evidence of successful completion of either initial training or refresher training within the five years prior to the application must be included. Details of the training (including refresher training) under STCW Chapter VI required is detailed on each application form.

5. SUBMITTING APPLICATIONS

5.1 The preferred method of submitting completed applications for both Cayman Islands Endorsements and Discharge Books is by email to caymanregistry@cishipping.com.

5.2 If it is not possible to submit an application by email, “hard copy” applications may be sent by post or courier to our offices in either George Town, Cayman Islands or Southampton, UK. Please note that postal applications may take longer to process than those submitted by email. Postal applications may be sent to:

Maritime Authority of the Cayman Islands

133, Elgin Avenue
PO Box 2256
Grand Cayman, KY1-1107
Cayman Islands

Cayman Islands Shipping Registry

1st Floor Vanburgh House
Grange Drive, Hedge End
Southampton, SO30 2AF
United Kingdom

5.3 Completed applications may also be delivered by hand to our representative offices in Ft Lauderdale, USA; Valbonne, France; Athens, Greece; Chiba, Japan; and Singapore. Please see www.cishipping.com for office locations and opening times.

6. ONLINE PAYMENT OF APPLICATION FEES

6.1 When an application has been processed and the Endorsement or Discharge Book is ready for issue, an invoice will be sent by email to the nominated entity responsible for payment. These invoices can then be paid online via <http://www.cishipping.com/services/pay-invoices?cr=1>. To pay an invoice online it is necessary to submit both the “Invoice Number” and either the “Invoice PIN” or the name of the vessel. Both the “Invoice Number” and “Invoice PIN” can be found on the invoice itself.

6.2 Once payment has been received, the Endorsement or Discharge Book will be issued and forwarded to the applicant.

Annex

Sample Application Forms

These sample forms are included for information only and should not be used to apply for a Cayman Islands Endorsement or Discharge Book. Application forms for a Cayman Islands Endorsement and Discharge Book are downloadable from <http://www.cishipping.com/forms> in a fillable “pdf form” format that can be completed online before printing and signing by applicants.

PLEASE READ THE ATTACHED NOTES BEFORE COMPLETING THIS FORM

Please complete electronically in ENGLISH. All sections must be completed.

1 Personal Details

Given Name(s):		Surname/Family Name:	
Date of Birth (DD/MM/YYYY):	Place of Birth:	Country of Birth:	
Nationality:	National Identity No. (Passport):	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Distinguishing Marks (If Any):	Height (m):	Colour of Eyes:	
Vessel Name:		Official Number (If Known):	

Entity Responsible for Payment

Company/Agent/Applicant	Name of Responsible Person for invoicing:
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APPLICANT'S FULL HOME ADDRESS

**CORRESPONDENCE ADDRESS FOR ENTITY
RESPONSIBLE FOR PAYMENT/ INVOICING**

Address:		
District:		
Town/City:		
County/State/Region:		
Postal Code/ZIP Code:		
Country:		
Telephone:		
Email:		

Specimen Signatures of Applicant

Note: Please ensure that the signatures are completely **within the borders of the spaces provided**. Please sign in **BLACK INK**. Failure to comply will invalidate the application.

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2 Next of Kin Details

Name of Next of Kin:

Relationship:

Telephone Number:

Email Address:

Address of Next of Kin (If different from Applicant):

3 Details of Certificates Held

Give details of any Certificate of Competency (CoC) if held:

Capacity of any Certificate of Competency:

Applicable STCW regulation:

Certificate Number:

Issuing Country:

Date of Initial Issue (DD/MM/YYYY):

Date of Expiry (DD/MM/YYYY):

Date of Last Revalidation (DD/MM/YYYY):

Give details of STCW Basic Safety Training held including Refresher Training (as applicable):

STCW Basic Safety Training:

STCW Code A-VI/1.2 & 1.3

Certificate Number(s):

Issued on behalf of (Country):

Date of Initial Issue (DD/MM/YYYY):

Date of last refresher training:

Give details of Seafarer Medical Fitness Certificate held:

Date of Issue (DD/MM/YYYY):

Date of Expiry (DD/MM/YYYY):

Issuing Authority (Country):

4 Declarations

Declaration by applicant

I, the undersigned, declare that the information I have given is, to the best of my knowledge, true, correct and complete. I also declare that the copies of the documents submitted are true copies of genuine documents.

Name:

Date (DD/MM/YYYY):

Signature

Declarations by Company/Agent sponsoring application:

I, the undersigned, declare that the applicant is personally known to me and I recommend that he/she may be issued a Seaman's Discharge Book for service on board a Cayman Islands vessel.

Name:

Date (DD/MM/YYYY):

Position:

Signature

5 Dispatch/Courier Address

Name of Company/Individual:

No./Street:

Town/City:

County/State/Region:

Postal Code/ZIP Code:

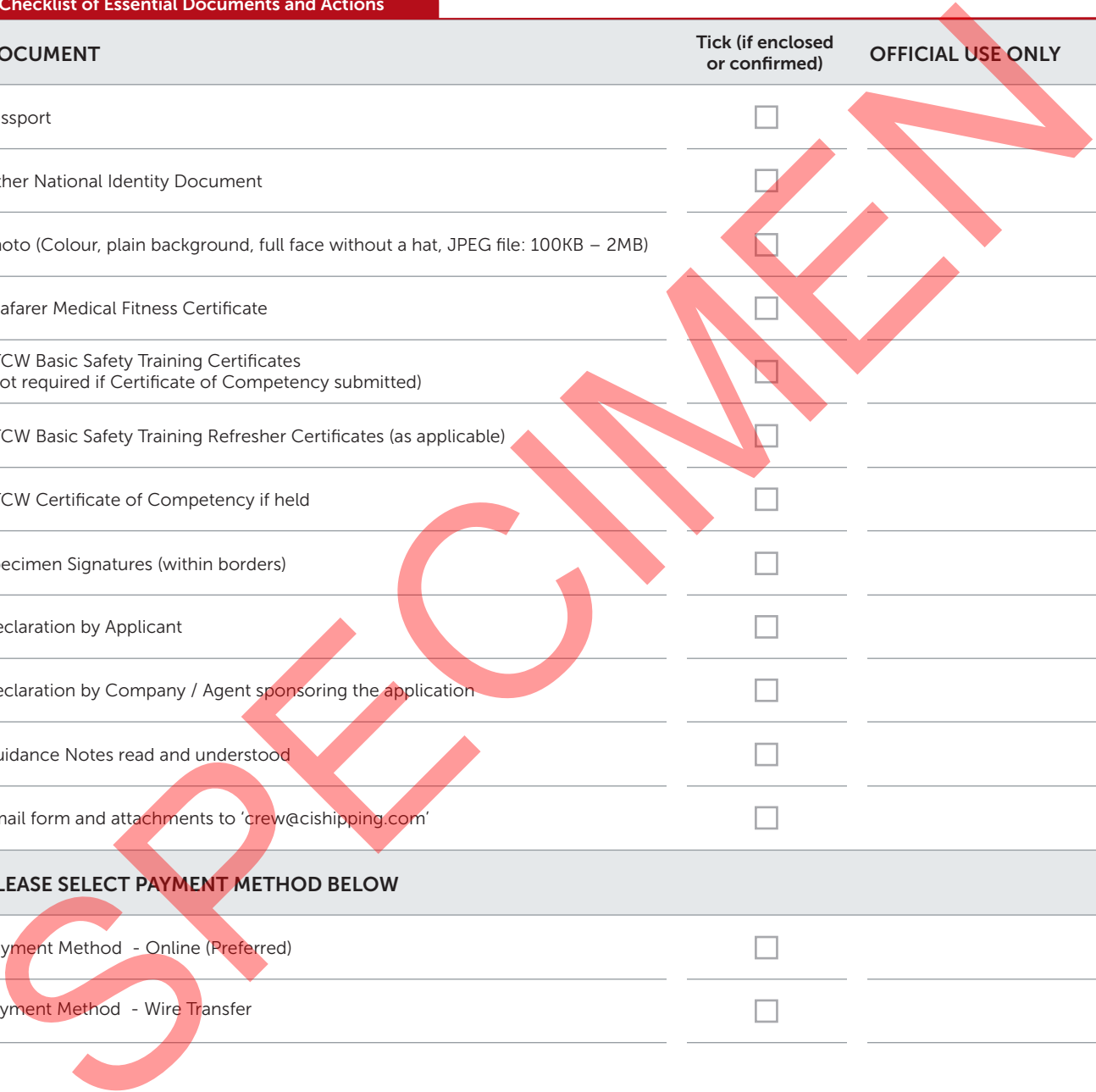
Country:

Tel. No:

Email Address:

6 Checklist of Essential Documents and Actions

DOCUMENT	Tick (if enclosed or confirmed)	OFFICIAL USE ONLY
Passport	<input type="checkbox"/>	
Other National Identity Document	<input type="checkbox"/>	
Photo (Colour, plain background, full face without a hat, JPEG file: 100KB – 2MB)	<input type="checkbox"/>	
Seafarer Medical Fitness Certificate	<input type="checkbox"/>	
STCW Basic Safety Training Certificates (Not required if Certificate of Competency submitted)	<input type="checkbox"/>	
STCW Basic Safety Training Refresher Certificates (as applicable)	<input type="checkbox"/>	
STCW Certificate of Competency if held	<input type="checkbox"/>	
Specimen Signatures (within borders)	<input type="checkbox"/>	
Declaration by Applicant	<input type="checkbox"/>	
Declaration by Company / Agent sponsoring the application	<input type="checkbox"/>	
Guidance Notes read and understood	<input type="checkbox"/>	
Email form and attachments to 'crew@cishipping.com'	<input type="checkbox"/>	
PLEASE SELECT PAYMENT METHOD BELOW		
Payment Method - Online (Preferred)	<input type="checkbox"/>	
Payment Method - Wire Transfer	<input type="checkbox"/>	



7 Guidance Notes for the Completion of this Application form

Please ensure that you read and understand these notes before completing the form.

Please complete this form electronically, print and sign in black ink and then submit the scanned copy. If a section is not relevant to your application enter NIL.

ENSURE YOU COMPLETE THIS FORM IN FULL – FAILURE TO DO SO MAY MEAN THAT WE WILL HAVE TO RETURN YOUR APPLICATION TO YOU, AND WILL RESULT IN A DELAY TO YOUR APPLICATION BEING PROCESSED

Please enclose copies of all documents necessary to establish your eligibility for a Cayman Islands Seaman's Discharge Book. You must send **COPIES** of all documents and not original documents.

SECTION 1: Personal Details

Enter the applicant's personal details in the boxes provided. The applicant's name should be given in FULL and should be given in the same format as appears in the applicant's Certificate of Competency.

Dates should be given in the format **DD/MM/YYYY**, e.g. 19 September 1972 should be written as 19/09/1972.

"National Identity Number" should be either a passport number or other national identity document.

The home address where the applicant normally resides should be included, an applicant's address "care of" a manning agent or other company cannot be accepted. Additionally, the address and details of the company or agency sponsoring the application should also be provided.

The specimen signatures provided will be transferred to the Cayman Islands Seaman's Discharge Book. It is essential that signatures are completely contained within the borders provided. Signatures not completely within the borders will lead to the application being rejected.

SECTION 2: Next of Kin Details

Please give details of a person who should be contacted in cases of emergency. These details will be held on file by us, but will not be transferred to your Discharge Book. You will be able to enter Next of Kin details into your Discharge Book yourself and amend these details if your circumstances change.

SECTION 3: Details of Certificates Held

Please include copies of all documents included in support of your application. All pages of documents submitted in support of the application must be included. Do not send original documents.

STCW Certificates of Competency: If you hold a Certificate of Competency issued in accordance with the STCW Convention, please enter the details in this section and include a copy of all pages of the Certificate of Competency with your application.

STCW Basic Training: To be eligible for a Cayman Islands Seaman's Discharge Book you must hold valid Basic Safety Training certification issued in accordance with STCW Code section A-VI/1.2. Please submit copies of all four certificates or a Certificate of Proficiency in Basic training unless a copy of a Certificate of Competency has also been submitted. From 01 January 2017, we also require documentary evidence in accordance with STCW Code Section A-VI/1.3 that the following training or updated/refresher training has been completed within the last five years:

1. Proficiency in Personal Survival Techniques (**PST**) STCW A-VI/1-1, (recognised equivalent pre 31 January 2000: Basic Sea Survival);
2. Proficiency in Survival Craft and Rescue Boats other than Fast Rescue Boats (**PSC & RB**), STCW A-VI/2-1 (recognised equivalent pre 31 January 2000: Proficiency in Survival Craft or Lifeboatman's Certificate);
3. Proficiency in Fast Rescue Boats (**PFRB**) STCW A-VI/2-2;
4. Proficiency in Fire Prevention and Fire Fighting (**FP & FF**), STCW A-VI/1-2 (recognised equivalent pre 31 January 2000: MNTB 2 Day Fire Fighting Course);
5. Proficiency in Advanced Fire Fighting (**AFF**) STCW A-VI/3 (recognised equivalent pre 31 January 2000: MNTB 4 Day Fire Fighting Course).

Medical Fitness Certificates are required to be valid for a minimum period of three months at the time of application. Medical certificates issued by, or on behalf of a country listed within Cayman Islands Shipping Notice **05/2011** (as amended) are considered acceptable for service onboard Cayman Islands ships. Such certificates should be issued in accordance Regulation I/9 of STCW.

SECTION 4: Declarations

Guidance for the applicant: Please read the declaration carefully. **Only the applicant may sign this declaration, signatures of others on behalf of the applicant cannot be accepted.** Once you are sure the information is, to the best of your knowledge, correct, true and complete, and the documents submitted are true copies of genuine documents, you should sign the declaration with your usual signature including the date.

Guidance for companies / agents sponsoring the application: You may countersign the application if:

- You are a representative of a company employing, or intending to employ, the applicant for service onboard a Cayman Islands vessel;
- You are the representative of a manning agency intending to supply the applicant to a company for service onboard a Cayman Islands vessel; or
- are a recognised professional person (i.e. a doctor, lawyer, police officer, chartered engineer, etc) who has personally known the applicant for at least three years and is not related to the applicant.

SECTION 5: Courier/Dispatch Address

Please enter the most convenient address in order for us to courier/dispatch the new SDB, including a telephone number for delivery purposes.

SECTION 6: Checklist of Essential Documents and Actions

Photographs must be taken "full face" without a hat on a plain background as per normal passport style and sent as a JPEG file (100KB – 2MB).

Additional Notes for submitting Electronically

Please complete this form electronically, print and sign and then submit a scanned pdf copy to caymanregistry@cishipping.com along with all supporting documentation as applicable (Section 6 Checklist refers).

The total file size for the email must remain below 5MB. Scans of documents are to be sent as pdfs and photos as jpegs.

Payment Method

Once your application has been processed our Accounts department will email the entity as detailed in Section 1 to request payment online using the following link [Pay Invoice](#). Please note that you will require the Invoice number and either the Invoice Pin # (found on the Invoice) or the Vessel Name to pay online.

Alternative payment methods can be found at www.cishipping.com/forms under "Finance & Accounting".

SPECIMEN

PLEASE READ THE ATTACHED NOTES BEFORE COMPLETING THIS FORM

Please complete electronically in ENGLISH. All sections must be completed.

1 Personal Details

Given Name(s): _____ Family/Surname: _____

Nationality: _____ Gender: Male Female Date of Birth (DD/MM/YYYY): _____

Email Address: _____

Vessel Name: _____ Official Number: _____

Capacity in which the Seafarer wishes to Serve: _____

Phone Number: _____

Entity Responsible for Payment

Company/Agent/Applicant: _____ Name of Responsible Person for invoicing: _____

APPLICANT'S FULL HOME ADDRESS

**CORRESPONDENCE ADDRESS FOR ENTITY
RESPONSIBLE FOR PAYMENT INVOICING**

No./Street:	_____	_____
Town/City:	_____	_____
County/State/Region:	_____	_____
Postal Code/ZIP Code:	_____	_____
Country:	_____	_____
Telephone:	_____	_____
Email:	_____	_____

Specimen Signatures of Applicant

Note: Please ensure that the signatures are completely **within the borders of the spaces provided**. Please sign in **BLACK INK**. Failure to comply will invalidate the application.

2 Details of STCW Certificates Held

2.1 Certificate of Competency

Capacity of Certificate of Competency:

Applicable STCW Regulation:

Certificate Number:

Issuing Country:

Date of Initial Issue (DD/MM/YYYY):

Date of Expiry (DD/MM/YYYY):

Date of Last Revalidation (DD/MM/YY):

2.3 Other Certification

Give details of any oil and chemical tanker, liquefied gas tanker certificates of proficiency and/or GMDSS certificates as applicable (See notes):

TYPE	CERTIFICATE NUMBER	ISSUING GOVERNMENT	DATE OF EXPIRY (DD/MM/YYYY)
Basic Oil & Chemical Tanker:			
Basic Liquefied Gas Tanker:			
Advanced Chemical Tanker:			
Advanced Oil Tanker:			
Advanced Liquefied Gas:			
GMDSS:			

Give details of Seafarer Medical Fitness Certificate held:

Date of Issue (DD/MM/YYYY):

Date of Expiry (DD/MM/YYYY):

Issuing Authority (Country):

3 Declarations - Applicant

Knowledge of English Language (required for Masters and all officers)

I, the undersigned, declare that I have an appropriate level of proficiency in the English language, commensurate with the functions I am permitted to perform.

Yes

Knowledge of Cayman Islands Law and Administrative Procedures (LAP) (required for Masters and all Officers serving at Management Level – STCW Reg. I/10.2)

I, the undersigned, declare that I have an appropriate level of knowledge in the matters of Cayman Islands Shipping Legislation and its application. I confirm I have access to the Laws and Regulations <https://www.cishipping.com/policy-advice/laws-regulations> and the LAP manual <https://www.cishipping.com/forms/technical>.

Yes

N/A (Operational level)

I, the undersigned, declare that the information I have given is, to the best of my knowledge, true, correct and complete. I also declare that the copies of the documents submitted are true copies of genuine documents. I consent to any processing of the data contained in this application by the Cayman Registry (including any processing necessary to establish the authenticity and validity of the issued certificate, STCW Reg. I / 2.7 refers)

Name:

Date (DD/MM/YYYY):

Signature

Important Note:

The above requirements may be subject to verification during an onboard survey, audit or inspection by a Cayman Islands Surveyor.

4 Checklist of Essential Documents and Actions

DOCUMENT	Tick (if enclosed or confirmed)	OFFICIAL USE ONLY
STCW Certificate of Competency (all pages)	<input type="checkbox"/>	
Passport	<input type="checkbox"/>	
Other National Identity Document	<input type="checkbox"/>	
Photo (Colour, plain background, full face without a hat, JPEG file: 100KB – 2MB)	<input type="checkbox"/>	
Seafarer Medical Fitness Certificate	<input type="checkbox"/>	
Tanker / Dangerous Cargo Endorsement(s)	<input type="checkbox"/>	
GMDSS Certificate (all pages)	<input type="checkbox"/>	
Specimen Signatures (within borders)	<input type="checkbox"/>	
Signed Declaration by Applicant (Section 3)	<input type="checkbox"/>	
Guidance Notes read and understood	<input type="checkbox"/>	
Email form and attachments to 'caymanregistry@cishipping.com'	<input type="checkbox"/>	

PLEASE SELECT PAYMENT METHOD BELOW

Payment Method - Online (Preferred)	<input type="checkbox"/>	
Payment Method - Wire Transfer	<input type="checkbox"/>	

5 Dispatch/Courier Address

Name of Company/Individual: _____

No./Street: _____

Town/City: _____

County/State/Region: _____

Postal Code/ZIP Code: _____

Country: _____ Tel No. _____

Email Address: _____

6 Additional Comments (if required)

7 Guidance Notes for the Completion of this Application form

Please ensure that you read and understand these notes before completing the form.

Please complete this form electronically, print and sign in black ink and then submit the scanned copy. If a section is not relevant to your application enter NIL.

ENSURE YOU COMPLETE THIS FORM IN FULL – FAILURE TO DO SO MAY MEAN THAT WE WILL HAVE TO RETURN YOUR APPLICATION TO YOU, AND WILL RESULT IN A DELAY TO YOUR APPLICATION BEING PROCESSED

Please enclose copies of all documents necessary to establish your eligibility for a Cayman Islands Endorsement. You must send **COPIES** of all documents and not original documents.

SECTION 1: Personal Details

Enter the applicant's personal details in the boxes provided. The applicant's name should be given in FULL and should be given in the same format as appears in the applicant's Certificate of Competency.

Dates should be given in the format **DD/MM/YYYY**, e.g. 19 September 1972 should be written as 19/09/1972.

The home address where the applicant normally resides should be included, an applicant's address "care of" a manning agent or other company cannot be accepted. Additionally, the address and details of the company or agency sponsoring the application should also be provided.

The specimen signatures provided will be transferred to the Cayman Islands Endorsement. It is essential that signatures are completely contained within the borders provided. Signatures not completely within the borders will lead to the application being rejected.

SECTION 2: Details of STCW Certificates Held

Please submit electronic copies of all documents included in support of your application. All pages of each document are to be submitted as one file/pdf.

STCW Certificate of Competency: Enter the details in this section and include a copy of all pages of the Certificate of Competency with your application.

For service on **Tankers** the applicant must hold the appropriate endorsement or "Certificate of Proficiency" for the intended type of tanker and the level of responsibility onboard. Such certificates and endorsements must be issued by a National Administration or form part of the applicant's Certificate of Competency. Course completion certificates alone are insufficient to allow the applicant to serve onboard tankers.

Masters, Chief Mates and Officers in charge of a navigational watch must hold either a **GMDSS** Restricted Operator or General Operator Certificate (STCW Reg. CH IV/2).

Medical Fitness Certificates are required to be valid for a minimum period of three months at the time of application. Medical certificates issued by, or on behalf of, a country listed on the "STCW Whitelist" (the latest revision of IMO Circular MSC.1/Circ. 1163 refers) or a country which has ratified the Maritime Labour Convention, 2006 are accepted for service on Cayman Islands ships. Cayman Islands Shipping Notice 05/2011 (as amended) refers. Such certificates should be issued in accordance Regulation I/9 of the STCW Convention.

SECTION 3: Declarations

Guidance for the applicant: Please read the declarations carefully. **Only the applicant may sign this declaration, signatures of others on behalf of the applicant cannot be accepted.** Once you are sure the information is, to the best of your knowledge, correct, true and complete, and the documents submitted are true copies of genuine documents, you should sign the declaration with your usual signature including your name and the date.

Please note these are legal declarations which you should consider carefully before signing.

Knowledge of Cayman Islands **Law and Administrative Procedures (LAP)** is required for all Officers who are designated to serve as Master, Chief Mate, Chief Engineer and Second Engineer.

SECTION 4: Checklist of Essential Documents and Actions

Please submit **all pages** of CoC, GMDSS etc.

Photographs must be taken "full face" without a hat on a plain background as per normal passport style and sent as a JPEG file (100KB – 2MB).

SECTION 5: Dispatch/Courier Address

Please enter the most convenient address in order for us to courier/dispatch the new Endorsement. Upon satisfactory receipt of all documents we will email a formal letter (**CRA**) to the address detailed in Section 1 to confirm receipt of an application for a Cayman Islands Endorsement. This CRA will remain valid for a period not exceeding three months (STCW Reg.I/10.5).

SECTION 6: Additional Comments (if required)

Please feel free to enter any additional information here if required.

SECTION 7: Additional Notes for submitting Electronically

Please complete this form electronically, print and sign and then submit a scanned pdf copy to caymanregistry@cishipping.com along with all supporting documentation as applicable (Section 4 Checklist refers).

The total file size for the email must remain below 5MB. Scans of documents are to be sent as pdfs and photos as jpegs.

SECTION 8: Payment Method

Once your application has been processed our Accounts department will email the entity as detailed in Section 1 to request payment online using the following link [Pay Invoice](#). Please note that you will require the Invoice number and either the Invoice Pin # (found on the Invoice) or the Vessel Name to pay online.