

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: _____

Capacity in which the Seafarer wishes to Serve: _____

Phone Number: _____

Entity Responsible for Payment

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

| APPLICANT'S FULL HOME ADDRESS | CORRESPONDENCE ADDRESS FOR ENTITY RESPONSIBLE FOR PAYMENT |
|-------------------------------|---|
| 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, liquified 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 - Credit Card (US\$) Authorisation Form | <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 Commentd (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.