

## **GUIDANCE NOTE 03/2017 (Rev 1.0)**

### **APPLICATION FORMS FOR CAYMAN ISLANDS ENDORSEMENTS AND SEAMAN'S DISCHARGE BOOKS**

**To: OWNERS, MANAGERS, MANNING AGENCIES AND SEAFARERS**

#### **1. BACKGROUND**

- 1.1 The "Manila Amendments" to the STCW Convention fully entered into force on 01 January 2017.
- 1.2 To take account of these amendments, the application forms for both the Cayman Islands Endorsement and the Seaman's Discharge Book have been updated. The updated forms are also intended to facilitate applications being submitted electronically by email to [crew@cishipping.com](mailto:crew@cishipping.com).
- 1.3 The new forms can be downloaded from [www.cishipping.com](http://www.cishipping.com). A sample of each form is included with this Guidance Note.
- 1.4 These forms should be used for all future applications and the previous forms are now formally withdrawn.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 [crew@cishipping.com](mailto:crew@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 [crew@cishipping.com](mailto:crew@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**

1<sup>st</sup> 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](http://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:
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**APPLICANT'S FULL HOME ADDRESS**

**CORRESPONDENCE ADDRESS FOR  
ENTITY RESPONSIBLE FOR PAYMENT**

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.

**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):

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**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

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**5 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"/>	
<b>PLEASE SELECT PAYMENT METHOD BELOW</b>		
Payment Method - Online (Preferred)	<input type="checkbox"/>	
Payment Method - Credit Card (US\$) Authorisation Form completed	<input type="checkbox"/>	
Payment Method - Wire Transfer	<input type="checkbox"/>	

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**6 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 1/9 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: 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).

**SECTION 6: Additional Notes for submitting Electronically**

Please complete this form electronically, print and sign and then submit a scanned pdf copy to [crew@cishipping.com](mailto:crew@cishipping.com) along with all supporting documentation as applicable (Section 5 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 7: 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](http://www.cishipping.com/forms) under "Finance & Accounting".

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ATTESTING TO THE RECOGNITION OF A CERTIFICATE UNDER THE PROVISIONS OF THE INTERNATIONAL CONVENTION ON STANDARDS OF TRAINING, CERTIFICATION AND WATCHKEEPING FOR SEAFARERS, 1978, AS AMENDED

**Maritime Authority of the Cayman Islands**  
 133 Elgin Avenue P.O. Box 2256  
 Grand Cayman KY1-1107 Cayman Islands  
 Tel: +1 345 949 8831 Fax: +1 345 949 8849  
 Email: crew@cishipping.com  
 Website: www.cishipping.com

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: \_\_\_\_\_

Vessel Name: \_\_\_\_\_ Type of ship (if known): \_\_\_\_\_

Official Number: \_\_\_\_\_ Email (For CRA): \_\_\_\_\_

Capacity in which the Seafarer wishes to Serve: \_\_\_\_\_

## Entity Responsible for Payment

Company/Agent/Applicant: \_\_\_\_\_ Name of Responsible Person: \_\_\_\_\_

APPLICANT'S FULL HOME ADDRESS	CORRESPONDENCE ADDRESS FOR ENTITY RESPONSIBLE FOR PAYMENT
Address: _____	_____
Street/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.

**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):

Give details below of all capacities and limitations which apply to this certificate:

**2.2 STCW Refresher Training (as applicable)**

STCW Refresher Training:

STCW Code A-VI/1.3

Certificate Number(s):

Date of last refresher training (DD/MM/YYYY):

Issued on behalf of (Country):

**2.3 Other STCW**

Give details of any **Tanker** / Dangerous Cargo Endorsements (or "Certificates of Proficiency"), any **GMDSS** Certificates held and any applicable **Passenger Ship** training Certificates. (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:			
Passenger Ship:			

ATTESTING TO THE RECOGNITION OF A CERTIFICATE UNDER THE PROVISIONS OF THE INTERNATIONAL CONVENTION ON STANDARDS OF TRAINING, CERTIFICATION AND WATCHKEEPING FOR SEAFARERS, 1978, AS AMENDED

**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**

**Declaration by applicant**

I, the undersigned, declare that the information I have given is, to the best of my knowledge, true 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:**

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

I, the undersigned, declare that the applicant described in this application and whose documents, or copies, are attached is proficient in spoken and written English to a standard sufficient for service on a Cayman Islands ship. Further, the applicant can use and understand manuals, documents, equipment instructions, orders and other material in English necessary for the function to be performed onboard.

Name:

Date (DD/MM/YYYY):

Position in Company:

Signature

**B: 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 the applicant described in this application is competent in the matters of Cayman Islands Shipping Legislation and its application..

Name:

Date (DD/MM/YYYY):

Position in Company:

Signature

**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"/>	
STCW Basic Training Certificate of Proficiency / Refresher Certificates (as applicable)	<input type="checkbox"/>	
Seafarer Medical Fitness Certificate	<input type="checkbox"/>	
Tanker / Dangerous Cargo Endorsement(s)	<input type="checkbox"/>	
Passenger Ship Training Certificates	<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"/>	
Signed Declaration by Company / Agent sponsoring the application (Section 3A & 3B as applicable)	<input type="checkbox"/>	
Evidence of proficiency in the English Language (If Section 3A not signed)	<input type="checkbox"/>	
Evidence of proficiency in Cayman Islands Law and Administrative Procedures (If Section 3B not signed)	<input type="checkbox"/>	
Guidance Notes read and understood	<input type="checkbox"/>	
Email form and attachments to 'crew@cishipping.com'	<input type="checkbox"/>	
<b>PLEASE SELECT PAYMENT METHOD BELOW</b>		
Payment Method - Online (Preferred)	<input type="checkbox"/>	
Payment Method - Credit Card (US\$) Authorisation Form	<input type="checkbox"/>	
Payment Method - Wire Transfer	<input type="checkbox"/>	

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ATTESTING TO THE RECOGNITION OF A CERTIFICATE UNDER THE PROVISIONS OF THE INTERNATIONAL CONVENTION ON STANDARDS OF TRAINING, CERTIFICATION AND WATCHKEEPING FOR SEAFARERS, 1978, AS AMENDED

**5 Dispatch/Courier Address**

Address: \_\_\_\_\_

District: \_\_\_\_\_

Town/City: \_\_\_\_\_

County/State/Region: \_\_\_\_\_

Postal Code/ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

**6 Additional Comments (if required)**

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**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 documents submitted in support of the application must be included.

**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.

**STCW Basic Training:** To be eligible for a Cayman Islands Endorsement the applicant must submit documentary evidence in accordance with STCW Code Section A-VI/1.3 that the following 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).



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).

For service onboard **Passenger ships** and Passenger Yacht Code (PYC) vessels the applicant must hold and submit the appropriate training course certificates for the intended type and the level of responsibility onboard. These include as a minimum:

1. Crowd Management Training (STCW Regulation V/2 para. 4).
2. Crisis Management and Human Behaviour (STCW Regulation V/2 para. 6).

**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 with Regulation I/9 of STCW.

### SECTION 3: 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 your name and the date.

**Guidance for companies/agents sponsoring the application:** Please read the declarations. These are legal declarations which you should consider carefully before signing. In cases of doubt over the applicant's ability, proficiency in the English language can be demonstrated by a number of qualifications for English as a Foreign Language.

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 5 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 ['crew@cishipping.com'](mailto:crew@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.

Alternative payment methods can be found at [www.cishipping.com/forms](http://www.cishipping.com/forms) under "Finance & Accounting".

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