

SEYCHELLES MARITIME SAFETY ADMINISTRATION
APPLICATION FORM FOR SURVEY OF HIRE CRAFT VESSEL

VESSEL DETAILS

| NAME OF HIRE CRAFT VESSEL | PORT OF REGISTRY | HIRE CRAFT NUMBER (Re-Survey only) |
|---------------------------|------------------|--|
| | | |

DETAILS OF OWNER/CHARTER COMPANY

| | |
|------------------------------|--|
| FULL NAME OF OWNER(S) | |
| ADDRESS | |
| TEL | |
| FAX | |
| E-mail | |

DOCUMENTS NEEDED

- 1. Valid copy of insurance cover**
- 2. Valid copy of Operating License for vessel**
- 3. Valid copy of Skippers/Mechanic license *(Shall be on-board vessel upon inspection)***
- 4. Receipt of Port Dues payment**
- 5. Copy of survey report from an approved surveyor by SMSA**

****Note: if the above mentioned documents has not been submitted to the administration vessel will not be subjected for inspection at the owners cost.***

We hereby urgently request that the above mentioned vessel to be Surveyed as per the Control of the Hire Craft Act. Please kindly issue us with a date confirming the Survey.

Name of applicant: -----

Signature of Applicant: -----

Date of application: -----

Authority under which this document is sign (if applicable) i.e . Officer (Director) of Company or Owner's Agent etc.

FOR OFFICIAL USE ONLY
CONFIRMATION OF SURVEY

| DATE | TIME | PLACE | INSPECTOR |
|-------------|-------------|--------------|------------------|
| | | | |