

**SEYCHELLES MARITIME SAFETY ADMINISTRATION
APPLICATION FORM FOR DELETION OF HIRE CRAFT VESSEL**

VESSEL DETAILS

NAME OF HIRE CRAFT VESSEL	PORT OF REGISTRY	HIRE CRAFT NUMBER

DETAILS OF OWNER/CHARTER COMPANY

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

REASON FOR DELETION

We hereby urgently request that the above mentioned vessel to be deleted from the Control of the Hire Craft Act. Please kindly issue us with a deletion letter confirming this deletion.

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.
