

**SEYCHELLES MARITIME SAFETY AUTHORITY
SURVEY APPLICATION FORM OF VESSEL**

| | | |
|--------------------------------------|---|---|
| NAME OF HIRE CRAFT VESSEL | PORT OF REGISTRY (if applicable) | HC NUMBER (if applicable/if renewal) |
| | | |

DETAILS OF OWNER/CHARTER COMPANY (if applicable)

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

I hereby request that the above mentioned vessel to be Surveyed in accordance to relevant legislations Act. Please kindly issue us with a date confirming the Survey.

Name of applicant: -----

Signature of Applicant: -----

Date of application: ----- **Requested date of survey:**-----

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 |
|-------------|-------------|--------------|------------------|
| | | | |

Date of issue: 02/2018

Document code: SMSA-FM-SUR-01-(04)

Revision date: 11/2019

Document Type: Survey Application form

Drawn up by : Director

Reviewed and Approved by: CEO,SMSA





ISO 9001
Quality Management Systems

Seychelles Maritime Safety Authority (Head Office)
2nd Floor, Trinity House, P.O. Box 912, Victoria, Mahé, Seychelles
Tel: +248 422 4866 or +248 272 2956 Fax: +248 422 4829

