

**SEYCHELLES MARITIME SAFETY AUTHORITY
APPLICATION FORM FOR DELETION VESSEL**

VESSEL DETAILS

NAME OF VESSEL	PORT OF REGISTRY	HC (IF APPLICABLE)

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.

<i>Date of issue: 02/2018</i>	<i>Document code: SMSA-FM-SUR-APP-DLT-01-(02)</i>
<i>Revision date: 11/2018</i>	<i>Document Type: Survey deletion application</i>
<i>Drawn up: SURVEYOR</i>	<i>Reviewed and approved by: CEO, SMSA</i>





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

