



UNION OF COMOROS UNION DES COMORES



Form SR1

NATIONAL
TRANSPORT
AUTHORITY

APPLICATION FOR REGISTRATION UNDER UNION OF COMOROS FLAG

All applicants should read the attached "Explanatory Notes for Applicants" and note the Documentation Checklists AP1 & AP3 at the end of this Form

TYPE OF REGISTRATION APPLIED FOR ☐ Provisional

☐ Permanent

SHIP DETAILS

Approved Name for Registration	IMO Number	Intended Port of Registry	Intended date & port of Purchase/change of Registry
<u>Current Name or Hull Number, if under construction</u>	<u>Current Registry</u>	<u>Current Official Number</u>	
<u>Gross Tonnage</u>	<u>Net Tonnage</u>	<u>Deadweight</u>	<u>Type of Ship</u>
<u>Length (m)</u>	<u>Breadth (m)</u>	<u>Depth (m)</u>	Please note : Tonnages and dimensions stated are in accordance with the 1969 International Tonnage Convention
<u>Year Built</u>	<u>Hull Number</u>	<u>Builder's Name & Place</u>	
<u>Material of Hull</u>	<u>Number of Decks</u>	<u>Number of Masts</u>	<u>Number of Funnels</u>
<u>Number of Main Engines</u>	<u>Type (Steam/Motor)</u>	<u>Maker / Model of Engine</u>	<u>Number of Generators</u>
<u>Total Main Engine Power (kw)</u>	<u>Speed (knots)</u>	<u>Engine Room UMS Operation (Y/N) - (if yes, indicate Class Notation)</u>	

TYPE OF VOYAGE / TRADING

(please mark appropriate box with an 'X')

☐ Coastal Trading	☐ Unrestricted Trading (International)
☐ Other - Give details	

DETAILS OF OWNER(s)*

*for more than two owners, a continuation sheet is to be completed with details of the other owners as below. Please tick here () if continuation sheet is added

Full Name of First (or only) Owner :		Tel :	
Address: Address Line 1 :		Fax :	
Address Line 2 :		Email :	
Town/City :		IMO Owner Number (if known)	
Post / Zip Code :		Number of Shares Held (maximum of shares per ship is sixty four)	
Country :		Passport Number (for individuals)	
Full Name of Second Owner :		Tel :	
Address: Address Line 1 :		Fax :	
Address Line 2 :		Email :	
Town/City :		IMO Owner Number (if known)	
Post / Zip Code :		Number of Shares Held (maximum of shares per ship is sixty four)	
Country :		Passport Number (for individuals)	

FORM CODE:
SR1

ISSUE No:
001

REVISED:



UNION OF COMOROS UNION DES COMORES



Form SR1

NATIONAL
TRANSPORT
AUTHORITY**DETAILS OF COMPANY RESPONSIBLE FOR MANAGEMENT**

*if different from Owners (The Managers)

Full Name of Company :			
Address: Address Line 1 :			
Address Line 2 :		Tel :	
Town/City :		Fax :	
Post / Zip Code :		Email :	
Country :		IMO Company Number (if known)	

MARITIME RESIDENT AGENT (Representative Person)NAME OF AGENT OR PERMANENT REPRESENTATIVE OF OWNERS IN
COMOROS (COMPULSORY IF THE OWNER IS NOT COMORIAN)

Name of Appointed Maritime Resident Agent

	Tel :
	Fax :
	Email :

CORRESPONDENCE AND BILLING SHOULD BE SENT TO:

(please mark appropriate box with an 'X')

☐ First named owner	☐ Managers	☐ Bareboat Charter	☐ Maritime Registrar
--	-----------------------------------	---	---

EMERGENCY CORRESPONDENCE RELATING TO THE SHIP SHOULD BE SENT TO:

(please mark appropriate box with an 'X')

☐ First named owner	☐ Managers	☐ Bareboat Charter
24-hour emergency telephone number		

RADIO COMMUNICATIONS

Owners hereby nominate the following Radio Traffic Accounting Authority (Accounting Authority Identification Code- AAIC) and Point of Service Activation (PSA) for the services described hereafter. Such organizations duly authorized by the ITU or Inmarsat are acceptable. Pending the effective date of the contract, the responsibility for payment of accounts and correspondence relative to radio communication services for the ships hereby assumed by the Owner.

AAIC for Radio Communications	AAIC/PSA for Inmarsat Services

RADIO COMMUNICATION EQUIPMENT

Owners hereby confirm that the ship radio station equipment and electronic navigational equipment are in compliance with current ITU and IMO/SOLAS requirements for the size and type of ship and its trading area(s) and that they will submit the equipment to inspection as required. (please mark appropriate box with an 'X')

Equipment used:	☐ : RT	☐ : GMDSS	☐ : N/A
GMDSS Area(s):	☐ : A1	☐ : A2	☐ : A3 ☐ : A4

CLASSIFICATION SOCIETY / RECOGNISED ORGANISATION

The National Transport Authority UNION OF COMOROS will recognize IACS members and other approved organizations as 'Surveyors of Ships', RO's and RSO's. Contact the Registrar for details.

Classification Society(ies)/RO/RSO's who will issue Statutory Certificates on behalf of Union of Comoros(indicate the RSO if they are different)	
Intended Class Notation(s) if known	

MORTGAGE DATA (if applicable)

If one or more ship mortgages (or assignments thereof) are to be recorded against the ship in the Register, please provide as much of the following information as possible

	First Preferred Mortgage	Second Preferred Mortgage
Full Name of Mortgagee :		
Address Line 1 :		
Address Line 2 :		
Town / City :		

FORM CODE:

SR1

ISSUE No:

001

REVISED:



UNION OF COMOROS UNION DES COMORES



Form SR1

NATIONAL
TRANSPORT
AUTHORITY

Post / ZIP Code :		
Country :		
Total Amount of Mortgage :		
Discharge Amount :		
Date of Maturity :		
Name of Assignee :		

INSURANCE / P & I			
<i>"Every Union of Comoros ship shall carry insurance cover against the risk of loss or damage to third parties".</i>			
Insurer			
Address Line 1 :			
Address Line 2 :		Tel :	
Town / City :		Fax :	
Country		Email :	
P & I			
Address Line 1 :			
Address Line 2 :		Tel :	
Town / City :		Fax :	
Country		Email :	

<u>DECLARATION OF ELIGIBILITY</u>
<p>The person signing this application confirms that he/she is either the First Named Owner or in the case of a Company an Officer of that company or is the Owner's agent.</p> <p>In the case of an Owner's agent, such authority is to be supported by a written testimony from the Ship Owner(s).</p> <p>By signing this document the applicant confirms that the Owner(s) is/are qualified to be an Owner(s) of a, or share(s) in a Comorian flag ship according to the provisions of the Comorian Merchant Shipping Act, 2001 and hereby declares their individual and several eligibility to be an Owner under the provisions of this Act.</p> <p>By signing, he/she declares that to the best of his/her knowledge the information contained herein is correct and that if there are any changes to such information before the original Application Form is submitted to The National Transport Authority, the Union of Comoros to facilitate Permanent Registration that the Owner will notify The National Transport Authority Union of Comoros of the changes and submit a revised Application.</p>

Signature of Applicant	Print Name
.....	
Date of Application	Title
.....	

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

.....

Please affix applicants stamp/seal