



KOREAN REGISTER OF SHIPPING

Application for issuance of Class Maintenance Certificate

Ship's Name		Class. No.	
Requested certifying date (choose one)	<input type="checkbox"/> Certifying Date : as of _____ <input type="checkbox"/> Certifying Period : From _____ to _____ *Should be prior to the Requested issuing date.		
Purpose (choose one)	<input type="checkbox"/> The sale or Purchase	Information of Prospective Owner	
		Company :	P.I.C. :
		Address :	Tel. :
		Fax. :	Tel. :
		Expected date of delivery :	
Purpose (choose one)	<input type="checkbox"/> The insurance claims (choose one)	Document to be submitted	
		<input type="checkbox"/> The casualty report notarized/attested by the Lawyer or Maritime Authorities or Embassy/Consular of Flag State <input type="checkbox"/> However, where the class survey for that was carried out by this Society just after casualty, followings are available in lieu of the above documents. - Ship's Log book recorded the ship's operating status and/or damage situations at that time(including the Sea Protest issued by master or chief engineer)	
	<input type="checkbox"/> Others		
Delivery of Cert.	<input type="checkbox"/> Original	<input type="checkbox"/> Mailing address :	
		<input type="checkbox"/> KR Branch Office	Recipient :
		:	Tel. :
	<input type="checkbox"/> Copy	<input type="checkbox"/> Fax.	<input type="checkbox"/> E-mail <input type="checkbox"/> N/A
Issuance Fee	<input type="checkbox"/> Charge :		
The undersigned hereby request to Korean Register of Shipping to issue the Classification Maintenance Certificate and also agree to pay issuance fee. Applicant : _____ ()YYYY ()MM ()DD (Signature or Seal) Address : _____ Tel No. : _____ Fax No. : _____ E-mail : _____			

*** Remark**

1. This application may be made by Fax or E-mail.
(Fax, +82 70 8799 8239 / E-mail : register@krs.co.kr)
2. In the case that this application is made by the third party, a written consent of the ship owner is to be attached.