



APPLICATION FOR REGISTRATION OF A SAINT LUCIAN SHIP (Provisional Registry)

PROPOSED NAME OF SHIP			
(Several names should be entered in order of preference)			
PARTICULARS OF SHIP			
IMO / HIN / Caribbean Number (if known) (delete as appropriate)		Radio Call Sign(s) (if known)	
Type of Ship (dry cargo, oil tanker, ro-ro, passenger, etc.)			
Construction Material		Length <i>(This dimension is to be as defined in the Model Shipping (Tonnage) Regulations 2004)</i>	
Full Name and Address of Builder			
Year of Build		Country of Build	
PARTICULARS OF SHIP UNDER CONSTRUCTION (if applicable)			
Temporary Name		No. of Masts	
Type of Ship		Stem	
Intended Port of Registry		Stern	
How Propelled		No. Of Bulkheads	
No. of Decks		Breadth	
Length of Engine Room		Depth	
Gross Tonnage		Net Tonnage	
Description of Construction			

PARTICULARS OF PREVIOUS REGISTRATION OF SHIP (if applicable)			
Registered Name of Ship			
Official Number		Country of Registry	
Port of Registry		Port Letters and Numbers (if applicable)	
Year of Registry		Registered Length of Ship	
Has the ship an outstanding mortgage? (indicate YES or NO in box)			
PARTICULARS OF NATURE OF TITLE (if applicable)			

PARTICULARS OF THE APPLICANT(S)			
Full Name(s)			
Address(es)(Residential address – for an individual;Registered office address – for a body corporate;Principal place of business – for a statutory body or foreign body corporate)			
Telephone number(s)		Fax number(s)	
E-mail address(es)			
PARTICULARS OF PAYMENT/CORRESPONDENCE			
Are you the permanent agent for the owner? (indicate YES or NO in box)			
NOTE: All correspondence will be sent to the registered owner/managing owner unless the owner requests the Registrar of Ships to send it to a specified person.			
I / We ♦ being the Owner(s) of the above ship request that all correspondence including the Certificate of Registry be sent to my / our ♦ registration agent/agent ♦: ♦ delete as appropriate			
Full Name			
Address (Residential address – for an individual; Registered office address – for a body corporate; Principal place of business – for a statutory body or foreign body corporate)			
Telephone number		Fax number	
E-mail address			

SIGNATURE			
Place		Signature of Witness	
Date	____/____/____ (d/m/y)		
Signature of Owner(s) In the case of a body corporate, an authorised officer of the body corporate		Full Name of Witness	
		Address of Witness	

WHEN COMPLETED YOU SHOULD SEND THIS FORM TO THE REGISTRAR OF SHIPS (see below), TOGETHER WITH:

- The correct fee (if you do not know the fee contact the Registrar of Ships);
- The Declaration of Eligibility and any information required for the application
- The Builder's Certificate and/or Bill(s) of Sale, except for ships under 24 metres in length
- The Certificate of Survey and Tonnage

Registrar of Ships

Division of Maritime Affairs
P. O. Box 651
Manoel Street
Castries
Saint Lucia
Telephone: (758) 457-6151/457-6152 Ext. 4009
Fax: (758) 453-0889
E-Mail: maritime@slaspa.com

OFFICIAL USE ONLY	
Entry in Register made	on ____/____/____ (d/m/y)
	at _____ (time).
By Officer (print name)	