

APPLICATION FOR NEW REGISTRATION CERTIFICATE

Shipping Registration Act 1981

To be completed by the Registered Agent.	
Official number	Ship's name
Reason why new Registration Certific	cate is required
(I <u>f mislaid, lost or destroyed, describe the circ</u>	cumstances)
*Contact telephone number *Email	address (if any)
Contact telephone number	addices (ii arry)
Signature	
I hereby apply for the grant of a new Registra	ation Certificate for the ship described above.
Date	Place
Signature of registered agent	Signature of witness
Signature of registered agent If the applicant is a corporation, the docume	Signature of witness
formally executed under the corporate seal.	. Alternatively,
an officer of the corporation may sign it, end legible statement of their name and designa	dorse it with a Name of witness
the signature witnessed.	
	Address of witness

Except where indicated by * the collection of information requested in this form is either required or authorised by the Shipping Registration Act 1981 (the Act). It will be used for purposes related to the Act (including possible overseas disclosure) and will be available for public search in circumstances as the Act requires. It may be made available to government agencies for statistical and administrative purposes. Failure to provide the information will result in the transaction not being processed. To contact us, or for more information on how to access or correct your personal information or how to make a privacy complaint, visit www.amsa.gov.au/privacy-policy