

APPLICATION FOR NEW REGISTRATION CERTIFICATE

Shipping Registration Act 1981

To be completed by the Registered Agent.	
Official number S	Ship's name
Reason why new Registration Certification	
(If mislaid, lost or destroyed, describe the circ	umstances)
*Contact telephone number *Email a	address (if any)
Signature	
I hereby apply for the grant of a new Registrat	tion Certificate for the ship described above.
Date	Place
Signature of registered agent	Signature of witness
If the applicant is a corporation, the documer	nt may be
formally executed under the corporate seal. an officer of the corporation may sign it, end	Alternatively, lorse it with a Name of witness
legible statement of his/her name and design have the signature witnessed.	nation and
nave the signature withesseu.	Address of witness
	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