**Application for Confirmation of the**

**Inventory of Hazardous Materials Loaded on Ships**

To Nippon Kaiji Kyokai

Date of application:

**APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
| NameAddress |            | Signature of Applicant |       |
|  |  | Name in Block Capitals |       |
|  | TEL |       | FAX |       | E-mail |       |

I hereby submit the application for the ship below for confirmation of the Inventory of Hazardous Materials Part I, and for assignment of the class notation “Inventory of Hazardous Materials”. Whether surveys are completed or not, we agree to pay all survey fees and expenses incurred as a result of the above-mentioned survey(s) and/or issuance of relevant certificate(s) within the payment term designated on your invoice.

Please fill in each column of the below table to the extent described possible at the time of application.

|  |  |
| --- | --- |
| Name of Ship |  |
| Distinctive number or letters |  |
| Port of Registry |  |
| Gross tonnage |  |
| Class number |  |
| IMO number |  |
| IMO registered owner ID number | (IMO ID No. of the shipowner specified in the Continuous Synopsis Record (CSR) to be entered.) |
| IMO company ID number | (IMO ID No. of the ISM DOC Company for this ship to be entered.) |
| Date of Construction |  |
| Name and address of shipowner | (Name and address of the shipowner specified in the certificate of the registry to be entered.) |
| Applicable Rules/Requirements(Tick as appropriate) | [ ]  Regulation 5 of the Annex to the Hong Kong International Convention for the Safe and Environmentally Sound Recycling of Ships, 2009[ ]  Article 5 of EU Regulation on Ship Recycling (REGULATION (EU) No 1257/2013) |
| Kind of Certificate (Except the case issuing by flag state) | [ ]  Statement of Compliance[ ]  EU IHM Certificate (For EU member states flag only) |
| Inventory development procedure: | Developed by information analysis (Prepared by expert after examining documents and visiting/examining ship) : ( YES ／ NO ) |
| Others (visiting/examining schedule, dockyard name etc.) |  |

**BILLING CONTACT** *＊Please complete the following on in cases where the billing contact and the above applicant are different.*

We ensure the payment of all survey fees and expenses incurred in the below-mentioned survey(s) and/or issue of relevant certificate(s).

|  |  |  |  |
| --- | --- | --- | --- |
| NameAddress |            | Signature |       |
| Name in Block Capitals |       |
| TEL |       | FAX |       | E-mail |       |