



To: **NIPPON KAIJI KYOKAI**  
Certification Service Department

1) qad@classnk.or.jp  
2) Fax +81-3-5226-2179

## Request for Quotation

I, undersigned applicant, am requesting a quotation under the following condition.

### A) Company (main location)

Name:	Person in charge with title
Office name (if any)	Contacts Tel.: Fax: e-mail:
Address	Number of ships under EU-MRV

### Activity<sup>i</sup> carried out by the site office

--

### B) Additional sites, branch or service office (Please tick box )

<input type="checkbox"/> No / <input type="checkbox"/> Yes ( ) sites in total
---

(Please describe each site details, use attached sheet for the 3<sup>rd</sup> location)

#### Company Name:(location 2)

Address	Person in charge & it`s designation
Activity carried out by the site office	Contacts: Tel.: Fax: e-mail:
	Number of ships under EU-MRV

### c) Scope

Article 13 of the Regulation (EU) 2015/757
--

#### Standards to be applied

<input type="checkbox"/> Regulation (EU) 2015/757
---

#### Anticipated time of certification

--

#### Company brochure or materials attached

<input type="checkbox"/> No / <input type="checkbox"/> Yes ( )
--

#### Miscellaneous

--

### Applicant in a representative position-

- Organization	- Signature
- Tel. & Fax.	- Name & Position

<sup>i</sup> e.g. Technical management , commercial management, manning for ships etc.