

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 ⁱ 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 rd location)	
Company Name:(location 2)	Person in charge & it`s designation
Address	Contacts: Tel.: Fax: e-mail:
Activity carried out by the site office	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

ⁱ e.g. Technical management , commercial management, manning for ships etc.