

COOK ISLANDS APPLICATION FOR SEAMANS BOOK

Ship Registration FORM 60 v.1

1. Details of Applicant				
Family Name	First (given) name		Middle name	
Date of birth	Place and country of birth		Nationality	
2. Contact details				
Street address	Postal code and City		Country	
Phone	Mobile		E-mail	
3. Physical features				
Distinguishing marks:				
		Eye Colour:		
4. Next of kin				
Name:	Relationship:			
Address if different from above				
Street address	Postal code and City		Country	
Phone	Mobile		E-mail	
5. Applicant's agent/ representative contact details and / or billing address:				
Company:	Person in	n Charge:		
Mailing address where document should be sent if different from above				
Street address	Postal code and City		Country	
Phone	Mobile		E-mail	

	fixed within each of the boxes provided below as this will Book. Signatures appearing outside of the box will be		
7. Particulars of Endorsement / CoC held	: (if known)		
Certificate Number:			
Expiry Date:			
8. Documents to be submitted with this A	pplication		
Copy of passport	One (1) Passport size photo		
Other documents	Current Medical Certificate		
If other – please list here:			
9. Name of ship currently serving on / intending to join and capacity:			
Name of ship (if known):	Capacity or Rank:		
10. Declaration by applicant:			
	f my knowledge, the details contained in this application		
are true	my knowledge, the details contained in this application		
are true			
	Date:		
Applicants signature			
	e submitted with this application from. Courier /		
validation fee may also apply.			
The application will not be processed until t	he fee(s) have been received.		

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