

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:		Height:		
		Eye Colour:		
4. Next of kin				
Name:		Relationship:	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 Charge:			
Mailing address where document should be sent if different from above				
Street address	Postal code and C	Lity	Country	
	-			
Phone	Mobile		E-mail	

Form 60 page 2/2

e	ed within each of the boxes provided below as this is Book. Signatures appearing outside of the box will			
7. Particulars of Endorsement / CoC held: (<i>if known</i>) Certificate Number:				
Expiry Date:				
8. Documents to be submitted with this Appl	ication			
Copy of passport \square	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 (<i>if known</i>):	Capacity or Rank:			
10. Declaration by applicant: I, the undersigned, declare that to the best of my knowledge, the details contained in this application				
are true				
Applicants signature	_ Date:			
11. The Seaman book fee of 100USD to be submitted with this application from. Courier / validation fee may also apply.				

The application will not be processed until the fee(s) have been received.