

APPLICATION FOR MANAGER-MEMBERSHIP

*Required field

1) VESSEL:

Name: _____ *

IMO No.: _____ *

Flag: _____ *

Port of registry: _____ *

Type: _____ *

GT: _____ *

Year built: _____ *

In case of a non-German flag:

Is the vessel also entered in a German ship register ("flagged out")?

2) APPLYING COMPANY:

Company name: _____ *

Customer number: _____ *

Phone: _____

E-mail: _____

3) MANAGER-MEMBER TO BE INSURED if different from 2):

Full address (no c/o address): _____ *

Phone: _____ *

E-mail: _____ *

VAT Reg. No. (if applicable): _____

4) BILLING ADDRESS if different from 3):

*Required field

5) RECIPIENT (E-mail address) OF

a) Invoices/Credit Notes: _____ *

b) Schutzverein Circulars: _____ *

c) Invitations to Members' Meetings and Annual Reports and Information regarding the Membership: _____ *

6) THE MANAGER-MEMBER TO BE INSURED IS THE

a) Technical Manager

b) Commercial Manager

c) Crew Manager

OF THE VESSEL.

7) INTENDED DATE OF ENTRY: _____ *

I/we herewith acknowledge the Statutes of the German Shipowners' Defence Association as binding for the Manager-Member to be insured and for the Companies to be co-insured (if any).

I/we confirm that I/we have been advised of and agree to the premiums, deductibles and maximum amounts of cover applicable at the intended date of entry and acknowledge that these are determined by the Members' Meeting for each business year in accordance with the Statutes.

I/we agree, on behalf of the Manager-Member to be insured and the Companies to be co-insured as attached (if any), to the processing of my/our/their personal data in accordance with the Data Privacy Policy which can be reviewed here: www.shipdefence.de/data-privacy-policy.php

_____*
(Place)

_____*
(Date)

_____*
(Signature + Print Name)

PRINT

Please email your application to application@shipdefence.de