

Application for 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) Company to be insured if different from 2):

Full address (no c/o address): _____ VAT Reg. No. (if applicable): _____ *

_____ * Phone: _____ *

_____ * E-mail: _____

4) Billing address if different from 3):

SCHUTZVEREIN DEUTSCHER RHEDER V.a.G.

GERMAN SHIPOWNERS' DEFENCE ASSOCIATION

*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 Company to be insured is either the *

a) Registered Owner of the vessel or

b) Bareboat Charterer or

c) Time Charterer

7) Intended date of entry: _____ *

I/we herewith acknowledge the Statutes of the German Shipowners' Defence Association as binding for the Company to be insured and for the Companies to be co-insured as attached (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 Company 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