SCHUTZVEREIN DEUTSCHER RHEDER V.a.G. GERMAN SHIPOWNERS' DEFENCE ASSOCIATION

Application for Manager-Membership

*Required field

| 1) Vessel: | | | |
|------------------------------------------------------------------|----------------------------------|----------------------------------|--|
| Name: | | | |
| IMO No.: | * | Flag: | |
| Port of registry: | * | Туре: | |
| GT: | * | Year built: | |
| In case of a non-German flag: Is the vessel also entered in a | | igged out")? | |
| 2) Applying Company: | | | |
| | | Customer number: | |
| Company name: | | Phone: | |
| | * E-r | nail: | |
| 3) Manager-Member to 1 | be insured if different i | from 2): | |
| | | Phone: | |
| Full address (no c/o address): | | E-mail: | |
| | * | VAT Reg. No. (if applicable): | |
| 4) Billing address if diffe | rent from 3): | | |
| | | | |
| | | | |
| | | | |
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Schutzverein Deutscher Rheder V.a.G.

Am Kaiserkai 6 • 20457 Hamburg • Phone +49 (0)40 300 666-0 • info@shipdefence.de • www.shipdefence.de

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| | *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 insu | red 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 | | |

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