
Initial Application Form

Vessel Particulars

Vessel (Favoured) Name

Vessel Type

Hull No

Keel Laying Date

Delivery Date

Builder / Shipyard (Name and Location)

Length (LOA)

Beam

Draft

Net Tonnage

Gross Tonnage

IMO No (If Applicable)

DWT

KW (Total Propelling Power)

Present Port of Registry and Flag (If Applicable)

Present Name and Registration Number (If Applicable)

Classification Society (for DOC)

Intended Date of Registry

Ownership and Management

Owner's Name

Owner's First Name/s

Owner's IMO No

Owner's Nationality

Owner's Address (acc. Commercial Register)

Owner's Contact Information (E-Mail)

DPA Contact Information (E-Mail)

Ownership (Beneficial Owner/s)

Mortgage / Equity

I hereby confirm that the information provided on this form is correct:

Date

Last Name

First Name

The completed form should be sent to the following address

dv.ssa@eda.admin.ch

FDFA Swiss Maritime Navigation Office (SMNO)

Elisabethenstrasse 33, P.O.Box, 4010 Basel

Tel. +41 58 467 11 20