

Notification

Deletion of ship due to loss

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|--|
| Notifier's name, address and telephone no. |
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| | | a. Distinctive number or letters/Boat Register no. |
| b. Type | c. Name | d. Port of registry |
| e. Name, address and telephone no. of owner | | |
| f. Time of departure | g. Place of departure | |
| h. Place of destination | i. Time of loss | |
| j. Place of loss | | |
| k. Details of the loss | | |
| l. Has the wreck been salvaged? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is there a possibility of salvaging the wreck? <input type="checkbox"/> Do not know <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| m. In which company is the ship insured? | | Policy number |
| n. Has the wreck been sold or transferred to others? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| o. If yes, please give the name and address of the acquirer | | |
| | | |
| | | |
| p. Has a maritime inquiry been held? <input type="checkbox"/> Yes (enclose a copy) <input type="checkbox"/> No | | |

| | |
|----------------------------|-----------|
| i. Shipowner signature(s): | |
| Place | Date |
| Signature | Signature |
| 1) | 2) |
| Signature | Signature |
| 3) | 4) |
| Signature | Signature |
| 5) | 6) |

All signatures that are not legible must be repeated in block letters, by a stamp or in typewriting

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|---------------------------------------|
| Reserved for the Register of Shipping |
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GUIDELINES

Please forward this form to

The Danish Maritime Authority
 Register of Shipping
 Caspar Brands Plads
 DK-4220 Korsør

This form must be used when a registered ship has gone lost.

It is not possible to delete the ship until the registered mortgage documents have been deleted or until a written consent for deleting the **ship** is available from the holders of the registered mortgages.