

Application for deletion of ship due to loss

Applicant's name, full address, telephone no. and e-mail:

a. Distinctive number or letters/Boat Register no.

I Ship	b. Type	c. Name	d. Port of registry
---------------	---------	---------	---------------------

II Shipowner

e. Name of registered Shipowner, full address, telephone no. and e-mail:	CPR no./ Company registration (CVR) no.
--------------------------------------------------------------------------	-----------------------------------------

Additional Shipowners

Name of registered Shipowner, full address, telephone no. and e-mail:	CPR no./ Company registration (CVR) no.
-----------------------------------------------------------------------	-----------------------------------------

Name of registered Shipowner, full address, telephone no. and e-mail:	CPR no./ Company registration (CVR) no.
-----------------------------------------------------------------------	-----------------------------------------

Name of registered Shipowner, full address, telephone no. and e-mail:	CPR no./ Company registration (CVR) no.
-----------------------------------------------------------------------	-----------------------------------------

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?	
n. Has the insurance amount been paid? <input type="checkbox"/> Yes If yes please enclose documentation.	
o. Has the wreck been sold or transferred to others? <input type="checkbox"/> Yes <input type="checkbox"/> No	
q. Has a maritime inquiry been held? <input type="checkbox"/> Yes (enclose a copy) <input type="checkbox"/> No	
i) The undersigned hereby solemnly declare that the above information is correct: The Shipowners' signatures:	
Place	Date
1. Signature	2. Signature
3. Signature	4. Signature
5. Signature	6. Signature

The Power of Attorney or Procura must be submitted if signed in accordance with the Power of Attorney or Procura.
 All illegible signatures must be repeated in block letters, by a stamp or in typescript.

Reserved for the Register of Shipping

GUIDELINES

Please forward this form
and original documents to:

The Danish Maritime Authority
Register of Shipping
Fjordvænget 30
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.

Please enclose documentation such as newspaper articles, police reports or photos concerning the loss. They should clearly identify the ship and the incident eg. newspaper articles, police reports or photos.