ClassNK <u>Application for Class Maintenance Certificate and/or</u> <u>Certificate of Maintenance of Installations Registration</u>

Form-CM-APP (Ver: 2025.4)

P.O. Number

To: NIPPON KAIJI KYOKAI

Office / Classification Department (CLD) Date

Please submit this application to the survey office if a survey is planned before issuance of the certificate, otherwise submit to your nearest office or CLD, by 3 working days of the issue date.

APPLICANT

the present owner 🗌 the present technical/operational manager				Other		
Company's name and address of				Name and Signature of Applicant		
	=1	E-mail				
TEL E-mail Note: The Society will issue, upon request, a Class Maintenance Certificate in respect of maintenance of class to the owner of a ship or						
the person having obtained their consent in writing.						
Sł	nip's Name		NK Class	No.	IMO No.	
We hereby request you to issue a certificate(s) as follows in accordance with the provision of 2.5 -1 / 3.5 -1 of the REGULATIONS FOR						
THE CLASSIFICATION AND REGISTRY OF SHIPS. This request is made on the basis that we accept the provisions of the CONDITIONS						
OF SERVICE FOR CLASSIFICATION OF SHIPS AND REGISTRATION OF INSTALLATIONS.						
Class Maintenance Certificate / Certificate of Maintenance of Installations Registration						
1 Date of issuance for the Certificate:						
	Note: Class Maintenance Certificate/Certificate of Maintenance of Installations Registration are to be certified as of the same date as mentioned above. Certificate cannot be released before the issuance date.					
2		cate(s) is to be used for the purpose of				
	Sale delivery (Please fill-in below item 3) Insurance Claim (Please fill-in below item 4) Chartering Bank Financing Others (:)					
			y ∟		••••••	
3 Sale delivery information						
	Expected Delivery Date on aroundat					
	The ship's Class: The ship's Flag:	☐ No change ☐ No change			ed to	
		_ 0		-		
	 □ Class Survey is presently scheduled on around					
	Details of prospective Owner / Management Control Name:					
	A					
	E-mail:			Tel. No. :		
٨	Insurance Claim inf	formation				
4		certified: as of		ir	n the past.	
					in the past.	
	Date & Place of Incide					
	Details of claiming items:					
	-					
5	5 Delivery: Certificate will be issued as electronic certificate(e-Certificate) * and send to the applicant's/designated e-mail account. The designated email address to be sent:					
	U	e e-Certificate is in compliance with IMO guidelines (FAL.5Circ.39/Rev.2) and can be treated as "original", in place of a conventional paper one. The				
	e-Certificate can be printed and	and confirmed the authenticity by QR code and online verification. r certificate (no QR code and on-line verification, printed in dedicated paper) is required, an additional cost will be charged.				
	(Please indicate your request a	nd delivery manner in Remark	(s) below)			
	If an e-Certificate cannot be issued	ueu que to our circumstances	, a paper certifica	ate will be issued. (No add	nuonal tee will be charged)	
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Remark(s): (In cases where the billing contact and the above applicant are different, etc)

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