

Protection & Indemnity Application Form

Vessel Details:

Vessel Name:	IMO No:
Flag:	Port of registry:
Year Built:	Call Sign:
Class:	Type:
Gross Tonnage:	H&M Insurer:
Number & Nationality of crew:	DOC Expiry date:
The last 3 ports of call and carried cargo:	
Entry Details:	
Period of Cover:	
Trading Area:	
Limit of Liability:	
Insurance:	
P&I P&I V	VAR FD&D
Registered Owner:	
Full Name:	Country of Domicile:
Registration (National ID) No: Phone:	Economic Code: Email:
Address (Full Style): Please check this box if Assured is the same as	
Assured:	
Full Name:	Country of Domicile:
Registration (National ID) No:	Economic Code:
	Leonomic Code.
Phone:	Email:

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Mortgagee:

Full Name:	Country of Domicile:
Registration (National ID) No:	Economic Code:
Phone and Email:	Amount outstanding:
Address (Full Style):	

Technical Management:

Full Name:	ISM No:
Registration (National ID) No:	Economic Code:
Phone and Email:	No of Vessel(s) Managed:
Address (Full Style):	

Joint Entrant if Applicable:

In Capacity as:

Full Name:	Country of Domicile:		
Registration (National ID) No:	Economic Code:		
Phone:	Email:		
Address (Full Style):			

Affiliated Charterer:

Full Name:	Country of Domicile:
Registration (National ID) No:	Economic Code:
Phone and Email:	In Capacity as:
Address (Full Style):	

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Blue Cards & Cer	tificates			
Civil Liability Con	vention 1992 (CL	ıC)		
Tank vessels carrying	ng > 2000 tons of o	il in bulk as cargo.		
Bunkers Convention	on 2001 (BC)			
Any vessel of any t	ype over 1,000 GT	which is flying the	flag of a state party or	entering a port or facility
in the territorial sea	of a state party.			
Wreck Removal C	onvention 2007 (WRC)		
Any vessel of any t	ype over 300 GT tl	hat is flying the flag	of a state party or ente	ering a port or facility
in the territorial sea	of a state party.			
Maritime Labor C	Convention 2006 a	s amended (MLC 2	006)	
Ships registered in a	a state which is a p	arty to MLC or calli	ng at a port in a jurisd	liction where MLC is in force
1. MLC Certificate	Regulation 2.5.2	., Standard A2.5.2 a	nd	
2. MLC Certificate	– Regulation 4.2, S	Standard A4.2.1 para	graph 1 (b).	
T				
Issuing State	CLC	DC	WDC	МС
(if not flag state)	CLC	BC	WRC	MLC
0 1 0	0 1 11			
Special Survey	& Loss Histor	:y:		
Date	Details	A	mount Paid	Amount Outstanding
Premium Payer	••			
Full Name:		T.	dentification No:	

Please check this box if Premium Payer is the same as Debit Note Receiver otherwise specify.

Address & Contact Details (Full Style):

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Declaration

I/we warrant that the information provided in this Application for Entry is complete and accurate and to the best of my/our knowledge and belief. It is my/our understanding that the Managers shall rely upon the information and representations listed herein in determining the acceptability, Premium Contribution and Terms of Entry.

It is understood that any misrepresentation or omission shall constitute grounds for immediate termination of Entry and denial of Claims for Recovery, if any.

Anti-Money Laundering Compliance

The Club shall comply with all applicable anti-money laundering, counter-terrorist financing, and laws, regulations, and guidelines in the jurisdictions in which it operates.

The club reserves the right to require any Member or applicant for membership to provide sufficient information and documentation to verify their identity, ownership structure, and the source of funds used for payment of premiums or other financial transactions with the club.

The club shall not be liable to provide cover, pay claims, or provide any other benefit under these Rules where such provision would expose the club, its Managers, or its Members to a breach of applicable antimoney laundering laws or regulations.

Any Member / Joint Member shall ensure that all activities, transactions, and submissions to the club comply fully with applicable anti-money laundering laws. Non-compliance with such laws and regulations by the Member may result in suspension, cancellation of cover, or any other action deemed appropriate by the club.

The club reserves the right to report any suspicious activity to the relevant regulatory or governmental authorities, in accordance with applicable laws and regulations.

Signed:			
Date:			
Title:			

Registered Office: No 24, B 84, Meghdad St, Andisheh Blvd. Kish Island, Iran. POB 7941753174.

Tel: +98 76 4445 5459-60 Fax: +98 76 4445 5458

Business Office: No 82, 2nd Floor, Soltani St. Nelson Mandela Blvd, Tehran, Iran. POB: 1967713955.

Tel: +98 21 2620 1831-4 Fax: +98 21 2620 1758

NID: 14000055847

Website: www.kishpandi.com Email: info@kishpandi.com