

DATE AVAILABLE:				ATTACH PHOTO HERE	
POSITION APPLIED FOR:					
FULL NAME:					
SURNAME:					
FIRST NAME:					
MIDDLE NAME(S)					
PERSONAL DETAILS					
DATE OF BIRTH		PLACE OF BIRTH	NATIONALITY	HEIGHT	
WEIGHT		HAIR COLOUR		EYE COLOUR	
MARITAL STATUS		SPOUSE'S NAME		No. of Children	
FATHER'S NAME		MOTHER'S NAME		NEXT OF KIN	
HOME ADDRESS:				TEL. No.NA	
OTHER ADDRESS:				TEL. No.	
E-MAIL:	Skype:	Homeport:	Mob No.		
LICENCES / DOCUMENTS HELD					
ITEM	No.	DATE	ISSUED PLACE	BY	EXPIRING DATE
NATIONAL LICENCE					
STCW ENDORSEMENT					
LIBERIAN ENDORSEMENT					
MARSHALLS ISL ENDORSEMENT					
MALTESE ENDORSEMENT					
OTHER LICENCE					
PASSPORT					
NATIONAL SEAMAN'S BOOK/CDC					
OTHER SEAMAN'S BOOK / CDC					
U.S.VISA					
YELLOW FEVER VACCINATION					
P.R.C. No. (Filipino Crew only)					
National data base of seafarers INDOS Certificate No. (Indian personnel only)					
CERTIFICATES HELD					
ITEM	No.	ISSUED	EXPIRING	ISSUED BY	
BASIC SAFETY TRAINING (*IF ONE CERTIFICATE)					
PERSONAL SAFETY & SOCIAL RESPONSIBILITIES*					
PERSONAL SURVIVAL*					
SURVIVAL CRAFT HANDLING*					
FIRST AID AT SEA (ELEMENTARY LEVEL)*					
PROFICIENCY IN SURV.CRAFT/ RESCUE BOAT (PSCRB)					
ADVANCED / SHORE-BASED FIREFIGHTING					
MEDICAL CARE					
SHIP MASTERS MEDICARE/ADVANCED MEFA					
STCW ENDORSEMENT					
ARPA					
R.O.C. / RANSCO / RADAR SIMULATOR					
SATCOM					

APPLICANTS NAME:

CERTIFICATES HELD (CONTINUED)				
ITEM	No.	ISSUED	EXPIRING	ISSUED BY
GOC / GMDSS				
ECDIS				
SHIP MANOEUVERING/SHIP HANDLING SIMULATOR				
SHIP SECURITY OFFICER				
ISPS FAMILIARISATION				
SHIPBOARD SAFETY OFFICER				
ENGINE ROOM SIMULATOR				

F.6.2
15/03/17
MD

NOTE: FILL FROM LAST VESSEL:

[illegible]

APPLICANT'S NAME:

ACTUAL TIME SERVED IN MONTHS					
RANK	CRUDE CARRIER	OBO	PRODUCT TANKER	RO-RO/ CONTAINER	BULK CARRIER

ALLOTMENT DETAILS	
SURNAME	
NAME	
MIDDLE NAME	
DATE OF BIRTH	
RELATIONSHIP	
ADDRESS	
NAME OF BANK	
ACCOUNT No.	
IFSC CODE	
MICR CODE	

WIFE & CHILD/REN's NAME(s)	DOB	POB	PASSPORT NO	DATE OF ISSUE	DATE OF EXPIRY	Issued at

How long did you stay at your previous company?	
Wages on last vessel?	
Trade route of vessels?	
Who referred you to the company?	
Any relatives with the company?	
If yes, who?	

ANY OTHER INFORMATION ABOUT YOURSELF:

UNION MEMBERSHIP NO.: MUM/NYK1	DATE :
	DOE:

ALL APPLICANTS
DATE APPLICATION FILLED OUT:
SIGNATURE OF APPLICANT:
FULL NAME IN BLOCK CAPITALS :