



ST KITTS & NEVIS INTERNATIONAL SHIP REGISTRY

The Saint Christopher & Nevis Merchant Shipping Act Cap. 7:05
Department of Maritime Affairs



APPLICATION FOR SEAFARERS DOCUMENTS

{ST CW Certificate of Endorsement (CoE) attesting the recognition of another Administration's Certificate and/or Continuous Discharge Certificate (CDC) incorporating Seafarers Identification and Sea Service Record}

PLEASE COMPLETE IN CAPITAL LETTERS IN BLACK INK OR BY TYPING AND READ EXPLANATORY NOTES ON PAGE 3

IMPORTANT: By completing this application form you are agreeing to allow us to hold data belonging to you on our database that we use to issue your SKANReg documentation. We will hold this information as it will be used to verify the documents you are applying for/have been issued, by Owners / Managers & Port State Control.

If you would prefer not to hear from us, or if you wish to exercise any of your rights under data protection law including the right to object, please tell us by email to GDPR@StKittsNevisRegistry.net or by phone on +44 (0)1708 380 400.

We do not share your information with any third party for marketing purposes.

We have updated our privacy policy and our terms and conditions to reflect the requirements of GDPR. In future, you can find our full privacy policy at www.StKittsNevisRegistry.net but for your immediate reference a copy is attached.

TYPE OF APPLICATION (please tick)	Joint Application CDC & Certificate of Endorsement		Continuous Discharge Certificate		Certificate of Endorsement		GMDSS	
	Maritime Registrar through which application submitted:	Ship Security Officer		Tanker		Renewal/ Replacement		Other

PART A – TO BE COMPLETED BY ALL SEAFARERS

PERSONAL DETAILS OF SEAFARER

1) Surname: ALI		2) Given name(s): HAMID	
Home Address of Seafarer:		Documents will be sent to this address unless the application is made through the Dept. of Maritime Affairs, the office of a Maritime Registrar or other party (e.g. Owner, Crew Manager) when they will be sent to that office for passing onto the seafarer	
3) Address Line 1		MAHFOOZ SHAHEED GARRISON, LAHORE CANTT	
4) Address Line 2			
5) Town/City	LAHORE	6) Post/Zip Code	05450
7) County/State	LAHORE	8) Country	PAKISTAN
9) Tel: +92 3213378400		10) Fax:	
		11) Email: ha6355134@gmail.com	
12) Passport No:		13) SKN Seafarers No:	
ZJ837251			
14) Date of birth (dd/mm/yy):		15) Place of birth:	
02.12.2004		MANSEHRA, PAK	
16) Nationality:		17) Medical Certificate Issue Date:	
PAKISTANI		03.02.2025	
18) Medical Certificate Expiry Date:		19) Sex (M/F):	
02.02.2027		M	

DETAILS OF NEXT OF KIN OR PERSON WHO CAN BE CONTACTED IN CASE OF AN EMERGENCY

20) Name (Family name, Given name):		21) Relationship (e.g. Mother, Wife, Friend):	
ABDUL WAHID		FATHER	
22) Address (If same as seafarer, state "same as above"):			
23) Address		SAME AS ABOVE	
24) Town/City	LAHORE	25) County/State	PAKISTAN

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26) Post/Zip Code	05450	27) Country	PAKISTAN												
28) Tel: +9230887931	29) Fax:	30) Email: abdul.wahid@gmail.com													
PART B – TO BE COMPLETED BY APPLICANTS REQUIRING A CERTIFICATE OF ENDORSEMENT															
DESCRIPTION OF HIGHEST GRADE OF CERTIFICATE NOW HELD															
31) Capacity:	32) Date of Issue: (dd/mm/yy)	33) Date of Expiry: (dd/mm/yy)													
MESSBOY	20.12.2024	20.12.2034													
34) Certificate No:	35) Name of Issuing Authority (Flag State) :														
034394	PAKISTAN														
36) ADDITIONAL ENDORSEMENT REQUESTED (if required, tick box)															
GOC (GMDSS)	<input type="checkbox"/>	Chemical Tanker	<input type="checkbox"/>												
	<input type="checkbox"/>	Gas Carrier	<input type="checkbox"/>												
	<input type="checkbox"/>	Oil Tanker	<input type="checkbox"/>												
Other	<input type="checkbox"/>	Ship Security Officer	<input type="checkbox"/>												
37) Date of Issue of current endorsement:		38) Date of Expiry of current endorsement:													
39) Endorsement No:		40) Name of Issuing Authority (Flag State):													
<p>41) Seafarer's shall receive familiarization and basic training or instruction in accordance with section A-VI/1 of the STCW code. The following certificate/s must be included with this application evidencing the applicant's proficiency in the following Emergency, Occupational Safety, Medical Care and Survival Functions.</p> <p>* Applicant's proficiency as per regulations VI/1, 1-4 may be evidenced by one certificate covering all functions, or by certificates showing each function separately. **</p> <p>For candidates for a certificate of proficiency as a ship security officer</p> <p>(please tick in boxes below):</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Regulation VI/1-1 Competence in personal survival techniques</td> <td><input type="checkbox"/></td> <td>Regulation VI/1-4 competence in personal safety and social responsibilities</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Regulation VI/1-2 Competence in fire prevention and fire fighting</td> <td><input type="checkbox"/></td> <td>Regulation VI/5 - Proficiency for Ship Security Officers **</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Regulation VI/1-3 Competence in elementary first aid</td> <td colspan="2"></td> </tr> </table>				<input type="checkbox"/>	Regulation VI/1-1 Competence in personal survival techniques	<input type="checkbox"/>	Regulation VI/1-4 competence in personal safety and social responsibilities	<input type="checkbox"/>	Regulation VI/1-2 Competence in fire prevention and fire fighting	<input type="checkbox"/>	Regulation VI/5 - Proficiency for Ship Security Officers **	<input type="checkbox"/>	Regulation VI/1-3 Competence in elementary first aid		
<input type="checkbox"/>	Regulation VI/1-1 Competence in personal survival techniques	<input type="checkbox"/>	Regulation VI/1-4 competence in personal safety and social responsibilities												
<input type="checkbox"/>	Regulation VI/1-2 Competence in fire prevention and fire fighting	<input type="checkbox"/>	Regulation VI/5 - Proficiency for Ship Security Officers **												
<input type="checkbox"/>	Regulation VI/1-3 Competence in elementary first aid														
42) REASON FOR REPLACEMENT OR RENEWAL															
<input type="checkbox"/>	Document is now expired or no more room for entries	<input type="checkbox"/>	Document has been lost or damaged (please explain circumstances of loss below)												
<input type="checkbox"/>	Requires amending (state amendment below)	<input type="checkbox"/>	Other (please explain in the box below)												
Details:															

43) PART C – DECLARATION – TO BE COMPLETED BY ALL SEAFARERS

I hereby declare that the information contained on this application is true and correct and I apply for the Seafarers documents requested. If I am applying for a Certificate of Endorsement issued under STCW Convention, at Management Level, I have familiarised myself with St. Kitts & Nevis Maritime Legislation as available on the website www.StKittsNevisRegistry.net. I am aware that if I submit fraudulent documents, I may be banned from serving on St. Kitts & Nevis ships and liable for prosecution.

Signature of Seafarer

Pamela

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16.07.2025

Date of Application

Please keep your signature within the box and sign without touching any of the box lines

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