



**APPLICATION FOR WRECK REMOVAL
INSURANCE CERTIFICATE**

To be completed in BLOCK CAPITALS

The Commonwealth of The Bahamas

The undersigned hereby applies for a Wreck Removal Insurance Certificate and confirms a Certificate of Insurance or other Financial Security in Respect of liability for locating, marking and removal of wrecks is in place, in accordance with Article 10 of the Nairobi International Convention on the Removal of Wrecks, 2007, and relevant Bahamas Merchant Shipping legislation.

Name of Vessel	IMO Number	Date of Build (Delivery)

Type of Vessel	Gross Tonnage [^]	Net Tonnage

^Copy of International Tonnage Certificate to be included for non-Bahamian ships

Flag State of Vessel	Port of Registry	Distinctive No./Letters

Name of Registered Owner	Full address of Principal Place of Business of Registered Owner:

Insurance or Financial security provided by (please tick):

- Member of the International Group of P&I Clubs
- Other P&I Club Insurance or Financial Institution.

Name:

Duration of Security:

From dd/mm/yyyy to dd/mm/yyyy

Name of Applicant	Address of Applicant	Position*

I hereby declare that the above-mentioned particulars are correct and true. Any changes thereof will be brought to the attention of the BMA immediately and the original Wreck Removal Insurance Certificate will be returned to BMA.

Signature _____

*Persons authorised to complete and sign this form include the vessel's Owner, Manager, Officer, Secretary and Attorney-in-fact. Where applicable, a notarised Power of Attorney must be given.