



**Name of  
Operator/Manager**

IMO Company number:

Address

Country

**Emergency Contacts:**

**Name of primary 24-hour emergency contact**

24hr Tel No(s):      Mobile:      Office:

Work:      Email:

**Name of alternative 24-hour emergency contact**

24hr Tel No(s):      Mobile:      Office:

Work:      Email:

Signature:

Date:

(owner or owners agent)

Print name:

If you have any questions about this form or EPIRB registration then please contact St. Kitts & Nevis International Ship Registry - [mail@stkittsnevisregistry.net](mailto:mail@stkittsnevisregistry.net)



**St. Kitts & Nevis International Ship Registry**

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