

NASHA REQUEST FOR TRANSFER OF CLASS/CERTIFICATES (1) TO LOSING RECOGNIZED ORGANIZATION

NAME OF THE LOSING RECOGNIZED ORGAN	VIZATION:
NAME OF THE VESSEL:	
IMO No.:	
FLAG:	
DATE OF CANCELLATION OF CLASS/CERTIFIC	CATE:
OWNER INFORMATION:	
NAME:	
ADDRESS	
TELEPHONE/FAX/E-MAIL	
MANAGER INFORMATION:	
NAME:	
ADDRESS	
TELEPHONE/FAX/E-MAIL	
CLASSIFICATION SERVICES: STATUTORY SERVICES:	
APPROVAL OF MANUALS:	4
OTHERS:	1
n case of others, must be detailed:	
lease be advised that we, as the Owners (Managers	s) of the vessel, have decided to cancel your class/certificate ⁽¹⁾ for the above mentioned vessel and to
ass/certificate ⁽¹⁾ the vessel with National Shipping A	djusters Inc. (NASHA), as GAINING R.O.
herefore, we have authorized National Shipping Adj	justers Inc. (NASHA) to obtain from you all necessary information as request by the RO Code and our
rocedures.	
lso, you are kindly asked to send latest Su	rvey Status directly to National Shipping Adjusters Inc., to the following e-mail address:
reyes@nashapanama.com; technical@nashapanam	
теуезштазпарапатта.сот, сестисате назпарапатт	a.com.
NAME OF REPRESENTATIVE AND POSITION (MANAGERS):	ION WITH THE OWNERS
SIGNATURE	
SIGNATURE:	
DATE AND STAMP	

(1) Delete as appropriate

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