



**REPUBLIC OF CYPRUS
MINISTRY OF
COMMUNICATIONS AND WORKS**



**DEPARTMENT OF
MERCHANT SHIPPING
LEMESOS**

MS.TC.1 Rev/8-12

DEPARTMENT OF MERCHANT SHIPPING	APPLICATION FOR THE ISSUE OR RENEWAL OF A SEAFARER'S IDENTIFICATION AND SEA SERVICE RECORD BOOK (SISRB)	Page 1 of 2
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Please read carefully the attached notes before completing this application form

1. Surname (Family Name)		2. First Name (Given Name)	
3. Date of birth Day: Month: Year:		4. Place of Birth City: Country:	
5. Nationality (Citizenship):		6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Father's Surname (Family Name)		8. Father's First Name (Given Name)	
9. Mother's Surname (Maiden Name)		10. Mother's First Name (Given Name)	
11. Medical Certificate issue date Day: Month: Year:		12. Medical Certificate expiry date Day: Month: Year:	
13. Medical Certificate Issuing Authority (Country)			

14. Seafarer's mailing Address

Street: Postal Code:

City: Country:

Tel.: Fax: Email:

15. In case of Emergency notify :

Relationship:

Surname (Family Name): First Name (Given Name):

Street: Postal Code:

City: Country:

Tel.: Fax: E-mail:

16. PROOF OF IDENTITY

Identity Document <input type="checkbox"/> Passport <input type="checkbox"/> Seaman 's Book	Identity Document Number	Identity Document issuing Authority (Country)
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17. CERTIFICATE NOW HELD, IF ANY

Grade of certificate now held, If any	Certificate issuing Authority (Country)
Certificate issue date Day: Month: Year:	Certificate expiry date Day: Month: Year:

18. Under 18 Years old but greater than 16 years old
If under 18 years old but greater than 16 years old, attach relevant written consent from your legal guardians YES NO

19. Are you able to swim ? YES NO
Cyprus Legislation requires that persons applying for a Seafarer's Identification and Sea Service Record Book must be able to swim

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DEPARTMENT OF MERCHANT
SHIPPINGAPPLICATION FOR THE ISSUE OR RENEWAL OF A SEAFARER'S IDENTIFICATION AND SEA
SERVICE RECORD BOOK (SISRB)

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20. Is this an application for Renewal / Replacement?

 YES NO

If Yes give old book number

C	Y								
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If the application is for a replacement, give reason for replacement

21. If furnished with Cyprus certificates or endorsement or training documentary evidence or
seafarer's identification and record book, specify Seafarer's Identification Number

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22. DECLARATION

KWOWING THAT THE MAXIMUM PENALTY FOR FALSE DECLARATIONS AND/OR SUBMITTING FORGED DOCUMENTS
IS 8543 EURO OR TWO YEARS OF IMPRISONMENT OR BOTH SENTENCES,

I DECLARE THAT THE INFORMATION I HAVE GIVEN IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE. I ALSO DECLARE THAT THE
DOCUMENTS SUBMITTED ARE GENUINE.

.....
Signature.....
Date of Application**23. Check List of Documents**

Please check whether the following documents are attached with this application :

Two (2) Photographs (3 x 4 cm)	
Copy of valid Passport or Travelling Document	
Copy of Medical Certificate	
Copy of Certificate of Competency if any	

24. Report on the Conduct And Character

I the undersigned, certify that Mr /Mrs.

.....
Name Surname

Citizen of holder of passport/ Seaman's Book No

*(Nationality / Citizenship)**(Passport or Seaman's Book Number)*

Issued by the competent Authorities of

.....
(Passport or Seaman's Book Issuing Authority)

Born on the

.....
[Date of Birth (Date/Month/Year)]

at

.....
(Birth Place)

is of a good character and his / her professional conduct during his / her assignment with our

Company /Organization/ Institution / Ship from

.....
[Start Date (Date/Month/Year)]

to

.....
[End Date (Date/Month/Year)]

was satisfactory.

*Official stamp of Company / Organization/ Institution**if issued by the Master official stamp of vessel*.....
Signature.....
Name and Surname.....
Position

**Seafarers found with fraudulent certificates of competency or training documentary evidence, will be banned from employment
on board Cyprus flag vessels for life**

FOR OFFICIAL USE ONLY

Do not write below this line

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