MUI Membership No.   Please note that this insurance will be effective on confirmation
                                    by The United India Insurance Co. Ltd.

CERTIFICATE INSURANCE APPLICATION

Important : Please ensure all columns are filled up with full details for acceptance of your Certificate Insurance application by United India Insurance Company Limited, India.

1. Name in full   :_____
   (Block letters-Surname first)

2. Date and Place of Birth   :_____

3. Permanent Address for   :_____
   correspondence

4. Grade, Number and Complete   :_____
   description of certificate

5. Date and Port of Issue   :_____
   (a) INDOS No.   _____

6. Has your Certificate ever been
   (a) Endorsed?   :_____
   (b) Suspended?   :_____
   (c) Cancelled?   :_____
   (d) Successfully defended in an   :_____
       official Enquiry?   :_____
       If so, please give particulars   :_____

7. Have you ever been in a ship that   :_____
   has met with an accident in   :_____
   respect of which there has been an :_____
   official enquiry?   :_____
   If so, please give particulars   :_____

8. Name of your present ship   :_____

9. In what capacity are you now   :_____
   serving?

10.Name of Owners / Agent   :_____

11.How long have you served with   :_____
   them?

DECLARATION

I hereby declare that the above details are in every respect true and correct, and that I have not withheld any information calculated to influence the decision in regard to this proposal.
I pay herewith the sum of Rs.200/- (Rupees Two Hundred only) being the first premium and agree to renew it every year.

Date_____   Signature_____