

SEND DIRECTLY TO

The Norwegian Maritime Authority, Ship Registers (Nis/Nor)
P.O. Box 73, Nygårdstangen
N-5838 BERGEN

JOURNAL NUMBER/ STAMP

NOTIFICATION OF AMENDMENT TO:

- THE NORWEGIAN INTERNATIONAL SHIP REGISTER – NIS
 THE NORWEGIAN SHIP REGISTER – NOR
 THE NORWEGIAN SHIPBUILDING REGISTER

The amendment concerns (check the appropriate alternative):

- | | |
|---|--|
| <input type="checkbox"/> New owner | <input type="checkbox"/> New ship name |
| <input type="checkbox"/> New home port | <input type="checkbox"/> Owner's new name |
| <input type="checkbox"/> New managing owner | <input type="checkbox"/> New business address |
| <input type="checkbox"/> New Norwegian representative | <input type="checkbox"/> New managing company |
| <input type="checkbox"/> Owner's new address | <input type="checkbox"/> Other change, please specify: |

CALL SIGN :	
NAME OF SHIP:	
NEW NAME:	
IMO NO.:	
NEW REGISTRATION NO. IN THE REGISTER OF FISHING VESSELS	
NEW HOME PORT: Cf. Approved list which appears automatically if the word-document is filled in electronically. If in doubt, please see www.sjofatsdir.no , "NOR/case officers and home ports" or contact us directly.	
OTHER CHANGE – PLEASE SPECIFY:	
COMMENTS:	

- The ship is abroad: Contact the Ship Registers for issuance of a **Provisional Certificate of Nationality**. Please use form KR-0011 (available in Norwegian only)

Information on owner's nationality is only to be completed for the following changes to the register:

- Owner/ managing owner/ business address or
- Norwegian Representative/ managing company

OWNER'S NATIONALITY (To be completed for changes to NOR)	OWNER'S NATIONALITY (To be completed for changes to NIS)
<p>The owner satisfies the requirements to nationality set out in the Maritime Act</p> <p><input type="checkbox"/> § 1, S.1 Norwegian citizen (Fill in 1)</p> <p><input type="checkbox"/> § 1, S.1 Norwegian citizen resident abroad (Fill in 1 and 4)</p> <p><input type="checkbox"/> § 1, S. 1 Unlimited partnership or other general partnership</p> <p><input type="checkbox"/> § 1, S. 1 Limited partnership (Fill in 1)</p> <p><input type="checkbox"/> § 1, S. 1 company with limited liability (Fill in 1 and 3)</p> <p><input type="checkbox"/> § 1, S. 3 (Fill in 1,2,3,4-as appropriate). EEA person/ company (on equal footing with a Norwegian national)</p>	<p>The owner satisfies the requirements to nationality set out in the Act relating to NIS,</p> <p><input type="checkbox"/> § 1 no. 1. (Fill in 1 and 3)</p> <p><input type="checkbox"/> § 1 no.1. (Fill in 1, 3 and 6)- unlimited partnership</p> <p><input type="checkbox"/> § 1 no. 2A. (Fill in 1, 3 and 5)</p> <p><input type="checkbox"/> § 1 no. 2B. (Fill in 1, 3, 5 and 6)</p> <p><input type="checkbox"/> § 1 no 3. (Fill in 1, 2, 3, 4 and 5)</p>

ONLY FILL IN APPLICABLE ITEMS (1-6, other:

1) OWNER	NAME			
	ORG.NO./ PERSONAL ID.NO (11 digits)		OWNERS IMO ID.NO (7 digits)	
	NATIONALITY			
	E-MAIL			
	PHONE		FAX	

2) HEAD OFFICE	NAME			
	ORG.NO./ PERSONAL ID.NO (11 digits)			
	E-MAIL			
	PHONE		FAX	

3) BUSINESS ADDRESS	NAME			
	ORG.NO./ PERSONAL ID.NO (11 digits)			
	E-MAIL			
	PHONE		FAX	

4) NORWEGIAN REPRESENTATIVE pursuant to *) S.1(1) No.3 of the NIS Act/ *) S.1 no. 3 of the Maritime Act	NAME			
	ORG.NO./ PERSONAL ID.NO (11 digits)			
	E-MAIL			
	PHONE		FAX	

5) MANAGING COMPANY pursuant to *) S.1(1) No. 3 of the NIS Act *) S.1 No. 3 of the Maritime Act	NAME			
	ORG.NO./ PERSONAL ID.NO (11 digits)			
	E-MAIL			
	PHONE		FAX	

ISM-liable company pursuant to the ISM-Code: Please see separate form, KR-0014E	
---	--

6) MANAGING OWNER	NAME			
	ORG.NO./ PERSONAL ID.NO (11 digits)			
	E-MAIL			
	PHONE		FAX	

OTHER

BODY WITHOUT ORG.NO.	NAME			
	ADDRESS			
	E-MAIL			
	PHONE		FAX	

If two or more private persons are joint owners of a pleasure vessel, kindly confirm:

The vessel is not involved in any shipping partnership activities. The owners have agreed upon shared use of the vessel
 - all owners need to sign the application -

Signature

Owner	
Place:	Date:
<hr/> Binding signature (for companies- pursuant to Certificate of Company Registration) - to be repeated in capital letters-	

If other invoicing address than owner: Alternatively, use separate form, KR-0070	
Place:	Date:
Name:	
Org.nr./personal ID.no. (11digits):	
<hr/> I/we hereby confirm that I/we may be invoiced for this registration. To be signed with binding signature by the invoice recipient. Kindly repeat with capital letters.	

The Register's stamp and signature
