



SEND DIRECTLY TO The Norwegian Maritime Authority, Ship Registers (Nis/Nor) P.O. Box 73, Nygårdstangen N-5838 BERGEN			JOURNAL NUMBER/ STAMP		
NOTIFICATION The vessel is to be registered in: THE NORWEGIAN INTERNA THE NORWEGIAN SHIP REG			JECT TO MANDATORY REGISTRATION)		
NAME:					
CALL SIGN (Norwegian)					
FORMER NAME:					
IMO NUMBER:					
Registration No. in The Register of Norwegian Fishing Vessels					
The ship is abroad. A Provisional Cer	tificate of Nationality is needed	d. Please use	form KR-0011 (available in Norwegian only)		
OWNER'S NATIONALITY (To be completed for registration in NOR)		OWNER'S NATIONALITY (To be completed for registration in NIS)			
The owner satisfies the requirements to nationality set out in the Maritime Act			satisfies the requirements to nationality set out relating to NIS,		
§ 1, S.1 Norwegian citizen (Fill in 1)		_	o. 1. (Fill in 1 and 3)		
§ 1, S.1 Norwegian citizen resident abroad (Fill in 1 and 4)		§ 1 no.1. (Fill in 1, 3 and 6)- unlimited partnership			
§ 1, S. 1 Unlimited partnership or other general partnership (Fill in 1 and 6)		§ 1 no. 2A. (Fill in 1, 3 and 5)			
§ 1, S. 1 Limited partnership (Fill in 1)		☐ § 1 no	o. 2B. (Fill in 1, 3, 5 and 6)		
§ 1, S. 1 company with limited liability (Fill in 1 and 3)		☐ §1 no	o 3. (Fill in 1, 2, 3, 4 and 5)		
§ 1, S. 3 (Fill in 1,2,3,4-as appropriate). EEA person/ company (on equal footing with a Norwegian national)			ade union(-s): licable for ships registered in the NIS)		





PLEASE FILL IN APPLICABLE ALTERNATIVE (-S)

- see under Owner's Nationality

1) OWNER:		
I) OWNER.	NAME:	
	ORG.NO./ PERSONAL ID.NO. (11 didgits)	OWNERS IMO ID.NO. (7 didgits)
	NATIONALITY:	
	E-MAIL:	
	PHONE:	FAX:
2) HEAD	NAME:	
OFFICE:	ORG.NO./ PERSONAL ID.NO. (11 didgits)	
	E-MAIL:	
	PHONE:	FAX:
3) BUSINESS		
ADDRESS:	NAME:	
	ORG.NO./ PERSONAL ID.NO. (11 didgits)	
	E-MAIL:	
	PHONE:	FAX:
4) NORWEGIAN REPRESENTATIVE	NAME:	
pursuant to: S.1 (1) no.3 of the	ORG.NO./ PERSONAL ID.NO. (11 didgits)	
NIS Act/ S. 1 no. 3 of the	E-MAIL:	
Maritime Act	PHONE:	FAX:
5) MANAGING	NAME:	
COMPANY:	IVAIVIE.	
pursuant to:	ORG.NO.	
S.1 (1) no.3 of the NIS Act/	E-MAIL:	
S. 1 no. 3 of the Maritime Act	PHONE:	FAX:
ISM-liable compar Please see separat	ny pursuant to the ISM- te form, KR-0014	-Code:
6) MANAGING OWNER:	NAME:	
	ORG.NO./ PERSONAL ID.NO. (11 didgits)	
	E-MAIL:	
	PHONE:	FAX:





OTHER

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

	E-MAIL:				
	PHONE:			FAX:	
Signature					
Owner			If other invo Alternatively, us		ress than owner: rm, KR-0070
Place:	Date:		Place:		Date:
			Name:		
			Org.nr./perso	nal ID.no. (11	digits):
Binding signature (for companies- pursuant to Certificate of		o Certificate of	I/we hereby confirm that I/we may be invoiced for this		
Company Registration) - to be repeated in capital letters-		S-	registration. To be signed with binding signature by the invoice recipient. Kindly repeat with capital letters.		
The Designation of					
ine Register's s	stamp and signature				