



	orthority, Dep. Y DF DELE ERNATION	ETION TO:		JOURNAL NUMBER/ STAMP		
□ NORWEGIAN SH		_				
INORMATION CONCERNING VESSEL	CALL SIGN	:				
	NAME OF VESSEL:					
	IMO NO.:					
	YARD NO.:					
	AT YARD:	AT YARD:				
			_	R AND TRANSFERRED TO NEW REGISTER		
REASON FOR DELETION:		SOLD TO FOREIGN OWNER AND TRANSFERRED TO NEW REGISTER TRANSFERRED TO NEW REGISTER BY NORWEGIAN OWNER WITHOUT CHANGE OF OWNERSHIP Please specify:				
		TRANSFERRED TO NEW REGISTER BY FOREIGN OWNER WITHOUT CHANGE OF OWNERSHIP Please specify:				
		BEEN DELIVERED TO THE BUYER. CUSTOM BUILT FOR FOREIGN PRINCIPAL. THE NEWBUILDING HAS BEEN DELIVERED TO THE BUYER. THE NEWBUILDING ORDER WAS NOT COMPLETED DELETION OF VESSEL NOT UNDER OBLIGATION TO REGISTER (LENGTH LESS THAN 15M) SOLD TO FOREIGN OWNER FOR BREAKING UP SOLD TO NORWEGIAN OWNER FOR BREAKING UP BROKEN UP CONDEMNED				





NG TRANSFERREI	D TO NEW	/ REGISTER	₹				
d NOR-vessels	s subjec	t to man	datory re	egistratio			
	DURING ⁻	THE TIME T	HE SHIP H	AS BEEN			
	st grateful	if you would	take the tir	ne to answer			
THE DEPARTMENT OF SHIP REGISTRATION				Never			
Provides good customer service. I feel that the staff provide «that little extra».							
The staff possess the necessary expertise.							
	1	1	1	-			
OTHER DEPARMENT WITHIN THE NMA (please specify):				Never			
«that little extra».							
The staff possess the necessary expertise.							
		I		l			
If other inve	oicing ad	dress that	n owner:				
Place:			Date:				
Name:							
Org.nr./personal ID.no. (11digits):							
Company Registration) registration.				ereby confirm that I/we may be invoiced for this. To be signed with binding signature by the invoice ecipient. Kindly repeat with capital letters.			
(ADMINISTRATION TO US. Ind we would be most of importance. It will that little extra. It will that little extra. It other inv. Alternatively, u. Place: Name: Org.nr./pers	ADMINISTRATION DURING TO US. Ind we would be most grateful is of importance. Always Withat little extra . If other invoicing ad Alternatively, use separate Place: Name: Org.nr./personal ID.no. (ADMINISTRATION DURING THE TIME TO US. Ind we would be most grateful if you would sof importance. Always Most of the time Withat little extra». If other invoicing address that Alternatively, use separate form, KR-00. Place: Name: Org.nr./personal ID.no. (11digits):	Always Most of the time times Always Most of the time Most of t			