

## CHANGE OF VESSEL NAME FORM – A4

Kindly complete the following relevant fields for the changes to be made and fax to +65-62626502:

CHANGE OF VESSEL NAME			
<b>Current Vessel Name</b>		<b>New Vessel Name</b>	
<b>ISN. No.</b>		<b>Date of Change</b> (for change to be implemented)	
<b>Other if any,</b>			

I hereby agree to be charged a sum of SGD \$50.00 for the request.

**COMPANY:**

**NAME OF REQUESTER:**

**DESIGNATION:**

**DEPARTMENT:**

\_\_\_\_\_  
Signature / Company Stamp

Date:

FOR OFFICIAL USE			
<b>Date of Request Received</b>		<b>Date of Change</b> (By 3i IT Dept)	
<b>Payment</b> (SGD \$50.00)			
<b>Remarks</b>			

\_\_\_\_\_  
Prepared By Name / Signature

Date:

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