



## VESSEL NAME PROPOSAL AND RESERVATION

**Cayman Islands Shipping Registry**  
Head Office  
2nd Floor, Strathvale House, 90 North Church Street  
PO Box 2256, Grand Cayman, KY1-1107, Cayman Islands  
Tel: +1 345 949 8831 Fax: +1 345 949 8849  
General Email: registration@cishipping.com  
Website: www.cishipping.com

### 1 Proposed Name & Port of Registry

PLEASE COMPLETE IN BLOCK LETTERS

**NOTE:** List alternative name(s) in order of preference in case the first name cannot be approved. Once a name has been approved it may not be possible to change to an alternative name.

1st: \_\_\_\_\_ 3rd: \_\_\_\_\_  
2nd: \_\_\_\_\_ 4th: \_\_\_\_\_

Please select your choice of Port(s):    George Town    The Creek    Bloody Bay

**NOTE:** You will be charged for each Port selection

### 2 Vessel Status

Is the ship new?    Yes    No (if yes, please fill in **A** below, only)

**A:** Name and Address of Builder:

Yard No. allocated to this ship:

**B:** If the ship is currently sailing under another flag, state flag:

Current Registered Name:

Current Registered Nationality:

Port at which vessel is now lying:

Proposed Registration Date (DD/MM/YYYY):

Method of Propulsion:    Sail    Non-propelled    Steam    Motor    Total Propulsion Engine (kw):

Gross or Register Tonnage (approx):    Type of Ship:

### 3 Client Details

Name of Owner/Demise Charterer:

Mailing Address:

Telephone:

Email:

Signature of Applicant:

### 4 Registrar Approval

The Vessel Name: \_\_\_\_\_ has been reserved for a period of twelve months from the date below.

Date (DD): \_\_\_\_\_ of (MONTH): \_\_\_\_\_ 20 (YY): \_\_\_\_\_ Approved by: \_\_\_\_\_

REGISTRAR OF SHIPPING

**NOTE:** This form is to be filed with the Registrar of Shipping prior to the submission of the other registration forms/documents. If the vessel is not registered within twelve months of the date of the name approval, it will be considered to have lapsed. Upon a further request, the Registrar may renew the reservation if the name remains available.