

F.A.N.I.M.A.R. Fondo Assistenza Nazionale Integrativa Marittimi

Via Milano 40/C int. 3 - Sc. Dx 16126 GENOVA
Tel. 010/2518524 – www.fanimar.it - e-mail: info@fanimar.it

ACCIDENT COVERAGE (D&D) **Death & Disability only for accidents** **Euro 294.00/annual/non-EU maritime**

In accordance with the National Agreement of 10/05/2005 signed in Rome and subsequent integrations, in line with the "IBF Agreement," we provide the following information:

Shipowner Company _____ Maritime Agency _____
Contact Person Mr./Ms. _____
Address _____ Postal Code _____ City _____
Telephone _____ Fax _____ Email _____

Bank Transfer payable to F.A.N.I.M.A.R. at UNICREDIT BANCA SPA
IBAN CODE: IT11Q0200801458000100215555 - A/C 000100215555- A.B.I.: 02008 – C.A.B: 01458 - C.I.N.: Q

Total amount € _____ relating to total number of _____ non-EU seafarers

Including

nr. _____ "Senior Officers"
nr. _____ "Junior Officers"
nr. _____ "Ratings".

Among these:

nr. _____ Filipino seafarers not insured with Amosup
nr. _____ Indian seafarers not insured with Nusi (Low Rank) and Mui (Captains/D.M.)

Overall employed on the following vessels (International Register); IMO no. - type – name – tonnage – exercise table:

IMO NR.	TYPE	NAME	TSL	EXERCISE TABLE	R.I.

Total insured vessels _____ from _____ to _____ months _____

SHIP OWNER/AGENCY STAMP AND SIGNATURE

N.B. Kindly send us the duly completed forms before proceeding with the bank transfer.

SPACE RESERVED FOR FANIMAR	
RENEWAL ()	Coverage € _____
NEW ()	
From _____ To _____	Effective date _____ Months _____
FANIMAR SIGNATURE _____	Home banking _____