

F.A.N.I.MAR. 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

€140.00/annual/seafarer

In accordance with the National Agreements of 20/12/2002 and subsequent renewals of the National Collective Labor Agreement (C.C.N.L.) signed in Rome, we provide the following details:

Shipowning Company: _____ Maritime Agency: _____

Contact Person: Mr./Ms. _____

Address: _____ Postal Code: _____ City _____

Phone Number: _____ Fax Number _____ Email _____

Bank transfer in favor of F.A.N.I.MAR. at UNICREDIT BANCA SPA

IBAN Code: IT11Q0200801458000100215555 C/C: 000100215555 - A.B.I.: 02008 - C.A.B.: 01458 - C.I.N.: Q

Total Amount: € _____ for a total of _____ seafarers

(nr. _____ personnel assigned only onboard ships)

Breakdown:

- Number _____ in C.R.L. both in service and rest periods on land; Number _____ in T.P. and/or T.G., only in service: among all these nr. _____ Comm. and/or D.M. of Minor Ships;
- Optionally Com.ti e/o D.M. of Major Ships: in C.R.L. nr. _____ in T.P. nr. _____ and e in T.G. nr. _____

N.B. In case of coverage for Commanders and/or Directors, it is essential to indicate the number as requested above for potential indemnification.

Overall in service on the following ships (IMO number - type - name - tonnage - service schedule - if registered in the International Register (R.I.): see Confitarma Circular no. 33 of 19.02.2004):

IMO NUMBER	TYPE	NAME	TLS	SERVICE SCHEDULE	R.I.

Total ships insured: _____ from _____ to _____ months _____

STAMP AND SIGNATURE OF SHIPOWNER/AGENCY

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

SPACE RESERVED FOR FANIMAR	
RENEWAL ()	Coverage € _____
NEW ()	
To _____	From _____
Effective Date: _____ Months _____	
FANIMAR SIGNATURE _____	Home Banking _____