

**REGISTRATION FORM
NATIONAL SUPPLEMENTARY ASSISTANCE FUND FOR SEAFARERS**

for

**WITHDRAWAL and/or SUSPENSION GUARANTEE
PROFESSIONAL TITLE and LEGAL ASSISTANCE**

The undersigned: _____

born on _____ in _____ province _____

Tax Code _____

Residing at (street/square): _____ no: _____

Postal Code _____ City _____ Province _____ Telephone _____

in his/her capacity as:

Captain

Chief Engineer

Deck Officer

Engine Officer

of the ship-owning company _____

**REQUESTS TO JOIN THE POLICY AS STATED ABOVE
FOR "A" and "B" GUARANTEES**

after having reviewed:

- o the summary of the policy guarantees issued by our reference Insurers;
- o the policy duration (annual from 1/1 to 31/12 of each year);
- o the cost of €225.00 / annual (to be paid by bank transfer to the Fanimar's bank account)

**N.B. In case of mid-year registration, the payment must be calculated by
multiplying €18.75 monthly by the number of insured months;**

N.: 000100215555 A.B.I.: 02008 C.A.B.: 01458 C.I.N.: Q
CODICE IBAN: IT 11 Q 02008 01458 000100215555
UNICREDIT BANCA SPA Genova

The registration and the related commitment to pay the annual contribution will be tacitly renewed from year to year unless personally revoked in writing to be sent to F.A.N.I.MAR. by September 30th of any year by registered letter.

DATE:

SIGNATURE: