

F.A.N.I.MAR. Fondo Assistenza Nazionale Integrativa Marittimi

Via Milano 40/C int. 3 - Sc. Dx 16126 GENOVA
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APPENDIX: COVERAGE FOR WITHDRAWAL OF SEAMAN'S BOOK (PLUS DEATH DUE TO INJURY) FOR MASTERS/DECK OFFICERS OF MAJOR VESSELS

€271.00/year/sailor
€0.752(7) /day/sailor

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

Bank Transfer to F.A.N.I.MAR. at UNICREDIT BANCA SPA

IBAN CODE: IT11Q0200801458000100215555 - Account Number: 000100215555 - A.B.I.: 02008 - C.A.B.: 01458 - C.I.N.: Q

Total Amount: € _____ for a total of _____ Masters/Deck Officers of Major Vessels.

Note: Calculations for the addition of personnel during the insurance year should be calculated on a “three hundred and sixtieths” basis

Of which:

nr. _____ in C.R.L. (both on duty and off-duty onshore) nr. _____ in T.P. nr. _____ in T.G. (both on duty and on vacation and R.C.)

Total number of vessels covered(nr. Imo - type - name - tonnage - exercise table - Registered in International Registry (R.I.): refer to Confitarma Circular No. 33 of 19.02.2004:

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

Total insured ships _____ from _____ to _____ days _____

STAMP AND SIGNATURE OF SHIPOWNER/AGENCY

Note: Kindly send us the duly completed forms before proceeding with the bank transfer.

SPACE RESERVED FOR FANIMAR	
APPENDIX OF DAYS ()	Coverage € _____
From _____ To _____ Days _____	Dec. _____
FANIMAR SIGNATURE _____	Home Banking of _____