

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

LIFE INSURANCE COVERAGE (IN CASE OF DEATH)

Euro 36,00/annual/maritime

In accordance with the current National Union Agreements - Agreement 01/07/2007 - and subsequent renewals of the National Collective Labor Contracts (C.C.N.L.), signed in Rome, concerning Seafarers/D.M. of both major and minor navigation as well as all onboard personnel, including those on hydrofoils, fast craft, pleasure craft for commercial use, and tugboats, we hereby 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

For total amount of €: _____ relating to total number _____ Community seafarers
(nr. _____ personnel under contract solely onboard ships)

Including:

nr. _____ Captains and/or Chief Engineers of Minor Navigation

nr. _____ Captains and/or Chief Engineers of Major Navigation

Overall employed on the following vessels (IMO no. - type - name - tonnage - exercise table - if registered in International Register (I.R.): see Confitarma Circular no. 33 of 19.02.2004):

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 ()	
APPENDIX	
From _____ To _____	Effective date _____ Months _____
FANIMAR SIGNATURE _____	Home Banking del _____