

REQUEST FOR ARBITRATION

The undersigned _____, employee of the Shipowning Company _____, last disembarked from the ship _____, born in _____ on _____, Tax Code: _____, residing in _____ at _____, tel. _____, cell. _____, following the declaration of permanent unfitness for navigation, sanctioned by the withdrawal of the Seaman's Book on _____ by the First Degree Commission of _____ (as per the attached report),

Hereby informs you that he/she has not submitted and does not intend to submit an appeal to the Central Medical Commission of the Second Degree, but requests to avail himself/herself of the arbitration clause as provided for by the National Collective Labor Agreement (C.C.N.L.).

For this purpose, I provide the details of my trusted doctor:

Dr. _____

Address: _____

Phone No. _____ Cell. _____

Awaiting your communication, I send cordial greetings.
