|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Data przyjęcia: | | | | | |  | | | | Nr zlecenia | | |  | | | | | | Weryfikacja | | | |  | |
| **Zlecający/Płatnik** | | | | | | | |  | | | | | | | | | | | | Miejsce/Data: |  | | | |
|  | | | | | | | | | | | |  | | | | | | | | | |  | | |
| Dokładna i pełna nazwa płatnika zlecenia | | | | | | | | | | | |  | | | | | | | |  | | | | |
|  | | | | | | | | | | | |  | | | | | | | |  | | | | |
| ulica | | | | | | | | | | | |  | | | | | | | |  | | | | |
|  | | | | | | |  | | | | |  | | | | | | | |  | | | | |
| kod miejscowość | | | | | | | | | | | |  | | | | | | | |  | | | | |
| Nr telefonu: | | |  | | | | | | | | |  | | | **Dyrektor** | | | | | | | | | |
| Nr faksu: | |  | | | | | | | | | |  | | | **Urzędu Morskiego w** | | | | | | | | | |
| NIP | |  | | | | | | | | | |  | | |  | | | | | | | | | |
|  | | | | | | | | | | | |  | | |  | | | | | | | | | |
|  | | | | | | | | | | | |  | | |  | | | | | | | | | |
|  | | | | | | | | | | | | **WNIOSEK** | | |  | | | | | | | | | |
| Niniejszym wnoszę o wydanie: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Certyfikatu Ubezpieczenia lub Innego Zabezpieczenia Finansowego Odpowiedzialności Cywilnej z Tytułu Śmierci lub Szkody na Osobie Pasażera (PLR) / Certificate of Insurance or Other Financial Security in Respect of Civil Liability for the Death of and Personal Injury to Passengers | | | | | | | | | | | | | | | | | | | | | | | |
|  | Świadectwa dla Statku Stanowiącego Własność Państwa (OC) / Certificate for The Ship Owned by State (CL) | | | | | | | | | | | | | | | | | | | | | | | |
|  | Certyfikatu Ubezpieczenia lub Innego Zabezpieczenia Finansowego Odpowiedzialności Cywilnej za Szkody Spowodowane Zanieczyszczeniem Olejami (CLC) / *Certificate of Insurance or Other Financial Security in Respect of Civil Liability for Oil Pollution Damages* | | | | | | | | | | | | | | | | | | | | | | | |
|  | Certyfikat Ubezpieczenia lub Innego Zabezpieczenia Finansowego Odpowiedzialności Cywilnej za Szkody Spowodowane Zanieczyszczeniem Olejami Bunkrowymi (CLCB) / *Certificate of Insurance or Other Financial Security in Respect of Civil Liability for Bunker Oil Pollution Damages* | | | | | | | | | | | | | | | | | | | | | | | |
| Dla statku: | | | | |  | | | | | | | | | | | ,zgodnie z poniżej podanymi danymi: | | | | | | | | |
| 1 | 1.Nazwa statku: | | | | | | | | | |  | | | | | | | | | | | | | |
| 2.Port macierzysty: | | | | | | | | | |  | | | | | | | | | | | | | |
| 3.Oznaczenie organu prowadzącego rejestr: | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 4. Nr rejestrowy: | | | | | | | | | |  | | | | | | | | | | | | | |
| 5. Adres organu prowadzącego rejestr  (może być elektroniczny) | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 2 | Nazwa i główna siedziba przewoźnika, który faktycznie wykonuje przewóz (dotyczy tylko statków pasażerskich) | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 3 | Nazwa i główna siedziba właściciela statku | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 4 | Nazwa i główna siedziba armatora statku (wg ISM) | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 5 | Sygnał rozpoznawczy statku | | | | | | | | | |  | | | | | | | | | | | | | |
| 6 | Numer identyfikacyjny statku nadany przez IMO  (numer IMO statku) | | | | | | | | | |  | | | | | | | | | | | | | |
| 7 | Nazwa i główna siedziba podmiotu / -ów udzielających ubezpieczenia finansowego  (dla statków pasażerskich za szkody na osobie lub mieniu pasażera oraz miejsce ustanowienia ubezpieczenia) | | | | | | | | | | **1.** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | **2.** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 8 | Rodzaj i okres ważności ubezpieczenia  (w przypadku statku pasażerskiego – odpowiedzialności za szkody na osobie lub mieniu pasażera 1-war insurance, 2 non-war insurance) | | | | | | | | | | **1.** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **2.** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 9 | Okres na jaki ma być wydany certyfikat | | | | | | | | | |  | | | | | | | | | | | | | |
| Uwagi: | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | **Podpis zlecającego** | | | | | | | |
| **Uwagi:**   1. **Do wniosku należy dołączyć (do wglądu) oryginały dokumentów stwierdzających posiadanie odpowiedniego dla danego statku ubezpieczenia (dla statków pasażerskich-odpowiedzialności za szkody na osobie lub mieniu pasażera) lub uwierzytelnione odpisy takich dokumentów (polisy).** | | | | | | | | | | | | | | | | | | | | | | | | |
| Data odbioru: | | | |  | | | | | Potwierdzam odbiór zatwierdzonego  i sprawdzonego dokumentu: | | | | | | | | | Podpis | | | | | |