

APPLICATION FOR A DISCHARGE BOOK**Application for Issue of a Kiribati Seaman's Record and Certificate of Discharge****Details of Applicant**

First name	<input type="text"/>	Surname	<input type="text"/>
Date of birth	<input type="text"/>	Place of birth	<input type="text"/>
Nationality	<input type="text"/>	Height	<input type="text"/> (metres)
Colour of eyes	<input type="text"/>	Colour of hair	<input type="text"/>
Complexion	<input type="text"/>	Passport number	<input type="text"/>
Distinguishing marks	<input type="text"/>		

Next of Kin Details and Address

First name	<input type="text"/>	Surname	<input type="text"/>
Relationship	<input type="text"/>		
Address	<input type="text"/>		

Records of Ratings Course Attended

<u>Department</u>	<u>Duration</u>	<u>Training institute</u>
Deck	<input type="text"/> (months)	<input type="text"/>
Engine	<input type="text"/> (months)	<input type="text"/>
Catering	<input type="text"/> (months)	<input type="text"/>

Basic safety training courses

<u>Name of certificates</u>	<u>Date of issue</u>
Personal survival techniques	<input type="text"/>
Fire prevention and fire fighting	<input type="text"/>
Elementary first aid	<input type="text"/>
Personal safety and social responsibility	<input type="text"/>
Survival craft and rescue boats	<input type="text"/>

Other training courses

Security awareness	<input type="text"/>
Security familiarization	<input type="text"/>

APPROVED SEATIME PRIOR TO THE ISSUE OF THE DISCHARGE BOOK

Name, Official Number and Gross Tonnage	Date and Place of Engagement	Date and Place of Discharge	Rank	Description of Voyage

The seafarer will join on the vessel
 owned by

 Signature of the Authorised Official
 and Recruitment Agency Seal

Results of Medical Examination from recognised Medical Practitioner

Medical Certificate Available Yes/No *(If no then applicant to obtain valid one)*

Place of Examination/ Clinic

Date of Medical Examination

Date of Expiry

Medical Category Letter *(circle letter)*
(A: fit for unrestricted sea service, B: fit for restricted sea service, C: unfit)

Description of Restriction *(if any)*

Issue of Discharge Book approved
 Yes / Rejected

Date

 Authorised Marine Officer