Andaman Marine Surveyors Co., Ltd.
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YACHT SHIPPING APPLICATION FORM

PART 1. CLIENT INFORMATION

Client Name: *			
Address:		**Billing Details:**	
Contact No.: *		**Email:** *	
Preferred Contact Method:	<<select>>		
Loading Port:		**Discharge Port:**	
Preferred Shipping Date:			
Special Requirement: *(if any)*			

PART 2. VESSEL & OWNER'S INFORMATION

Vessel Name: *				**Type:**	☐ Power ☐ Sail
Vessel Make: *		**L.O.A. (m):** *			☐ Monohull ☐ Multihull
Vessel Model: *		**B.O.A. (m):** *		**Class:**	<<select>>
Year:		**Draft (m):**		**Sailing Vessel:**	
		Air Draft (m):		**Mast Up/Down:**	
Construction:	<<select>>			**Mast Length (m):**	
Declared Value (USD):					

PART 3: ATTACHMENTS

Photo of vessel:	☐ YES	☐ NO
Lift Plan:	☐ YES	☐ NO
Cradle Plan:	☐ YES	☐ NO
General Arrangement Plan:	☐ YES	☐ NO

*Required information

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