

PANAMA MARITIME AUTHORITY
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**PANAMA MARITIME AUTHORITY
 APPLICATION FOR BUNKER INSURANCE CERTIFICATE**

Application for a Panama Certificate Attesting Insurance or Other Financial Security is in Place in Respect of Civil Liability for Bunker Oil Pollution Damage

In accordance with article VII International Convention on Civil Liability for Bunker Oil Pollution Damage, 2001

Applicants Details

Full Name of Applicant

Name and full address of the principal place of business of the registered owner.

Full Name	Address
Email Address	
Address to which Certificate is to be sent (if different from above)	Preferred shipping method for Certificate:
Same as above	<input type="checkbox"/> Reg. post or delivery to legal rep (no extra cost) <input type="checkbox"/> Courier: Please include courier account details: Courier Company: Account Number:

Ship Details

Name of Ship	Call Sign	Port of Registry
Type of Ship	IMO Number	Gross Tonnage

Name and Address of the Insurer(s) and/or Guarantor(s)

Name of Insurer(s) and/or Guarantor(s)	Address
Blue Card Number / Insurance Number	Duration of Insurance (dd/mm/yyyy)
	From: _____ To: _____

Payment

The payment shall be made through: SEGUMAR – NEW YORK

Applicant's Signature _____ Date: _____

No. de Control: F-SEG-01-16-01	Versión: 00	Fecha: 6 de abril de 2009	Página 1 de 1
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