



## APPLICATION FOR SEAMAN'S DISCHARGE BOOK

### NOTES:

1. This form should be completed in BLOCK CAPITALS and returned to either Mrs. Karen E. Yon, Registrar of Shipping or Mr. Alan Bennett, Deputy Registrar, Post & Customer Service Centre, Post Office Building, Jamestown AT LEAST TWO DAYS before the Discharge Book is required.
2. Two passport photographs should be attached to this form.

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1. NAME IN FULL \_\_\_\_\_
  2. ADDRESS \_\_\_\_\_
  3. DATE OF BIRTH \_\_\_\_\_
  4. PLACE OF BIRTH \_\_\_\_\_
  5. NATIONALITY \_\_\_\_\_
  6. HEIGHT \_\_\_\_\_ mtr \_\_\_\_\_ cms
  7. COLOUR OF EYES \_\_\_\_\_
  8. DISTINGUISHING MARKS \_\_\_\_\_

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- (tattoos, birthmarks, scars, etc.)*
9. NEXT OF KIN:  
  
NAME: \_\_\_\_\_  
  
RELATIONSHIP: \_\_\_\_\_  
  
ADDRESS: \_\_\_\_\_  
*(if different to that of Holder)*  
DATE: \_\_\_\_\_  
  
SIGNED: \_\_\_\_\_

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### FOR OFFICIAL USE ONLY

Discharge Book No: \_\_\_\_\_

Date Issued: \_\_\_\_\_