

REPORT OF WRECK AND SALVAGE



The information sought on this form is required for the purpose of the Merchant Shipping Act 1995 (Chapter 21, Section 236)

		I of officia	ii use only	
The finder(s) should complete	all sections of the form.	Droit No:	Droit No:	
		Telephone		
Address				
E-mail				
Date Found				
	uding identifying marks, weight, dimensions, continue on a separate sheet if necessary).	colour, condition, age etc	c, together with a photograp	
Quantity	Description		Estimated Value £	
Wreck Name		Removed from wre	ck site: Yes 🗌 No 🗌	
Date of: Sinking 🗌 / Constru	ction 🗌 Depth _			
Description of wreck on sea	bed, including condition, type, orientation, din			
Please give exact position washore or bumping.	where the wreck was found. Give co-ordinate	es and state whether fo	und on seabed, afloat,	

Additional Information				
In as much detail as possible, please give nature, duration and owner of the property.	estimated costs of any services rendered on behalf of the			
Do you wish to claim salvage in respect of expenses incurred do	uring the performance of these services? Yes \(\square\$ No \(\)			
Declaration by Finder(s)				
I / we hereby declare that the particulars in this report are correct recovered. I / we understand that failure to comply with any part of any claim I / we may have, now or in the future, to the items d	t of the Merchant Shipping Act 1995 will lead to the forfeiting			
Indemnity For Items Held By The Finder(s):				
 I / we hereby confirm that I / we hold in my / our possession the I / we agree to: Take all reasonable care of the property and to indemnif Wreck against any loss or damage to the property whils: Allow the Receiver of Wreck, or any other person appoir reasonable times and to inform the Receiver of all change. Not to remove any of the property from the United Kingd. Surrender the property to the Receiver of Wreck at any to Not to hold the Maritime and Coastguard Agency or the storage and care of that property. 	fy the Maritime and Coastguard Agency and the Receiver of t in my / our possession; nted by the Receiver free access to the property at all ges in its whereabouts; lom; time I / we are requested to do so;			
N.B. You may assume no title to any of the declared items until	advised by the Receiver of Wreck.			
I / we understand that this undertaking will have no influence on claims to ownership of this property.	any decision the Receiver of Wreck may take in respect of			
Signature of Finder(s)	Date			
Signature of Witness	Date			
Address of Witness				

Please send the completed form (and any attachments firmly secured) to:
The Receiver of Wreck, The Maritime and Coastguard Agency, Spring Place, 105 Commercial Road,
Southampton SO15 1EG

Telephone 02380 329 474 Fax 02380 329 477





