



**TRANSMITTAL FORM**

Date:

Transmittal No:

Dear Captain / Manual Holder,

The accompanying sheets make up the contents of a revision to the Company Controlled Forms.

To update the manuals, please follow the numbered steps below, ticking each check box after the particular step has been completed.

Please carefully check all pages to ensure that all components have been included. If any pages are missing or damaged, please contact the undersigned for replacements.

Use for Changes in the form and/or procedures

No.	Section/Chapter	Change	Done
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**Please email a copy of this Transmittal Sheet now to Marine Safety Division.**

Prepared By,

Corrections completed,

\_\_\_\_\_  
Quality Assurance Manager

\_\_\_\_\_  
Signature / Date

\_\_\_\_\_  
Ship's Stamp

Approved By,

\_\_\_\_\_  
Designated Person Ashore

\_\_\_\_\_  
Name

Form No:	ADM010	Issue No:	000	Issued By:	GM (MSD)
Folder No:	MO1	Issue Date:	01-May-21	Page:	1 of 1