**NEXT OF KIN DECLARATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Officer/Crew: |  |  | Vessel: |  |
| Rank: |  |  | Passport / ID: |  |

|  |
| --- |
| Permanent Address:  Telephone / Email: |

I, the undersigned, hereby declare the below is/are my beneficiary (relationship as indicated against the name)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Beneficiary / Date of Birth | | Relationship with seafarer | Citizen of (Country) | Passport / ID |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name and Signature)