**MASTER’S RANDOM VERIFICATION OF PAPER CHART CORRECTION**

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| Vessel: |  |  | Year: |  |

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| NTM No. | Date received NTM | Date of Correction | Correcting Officer | Chart No. | Correction No. | Chart No. | Correction No. | Master’s Signature/Date |
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| **Notes:**   1. Master is to verify minimum 4 paper charts for each NTM received. | | | | | | | | |