**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

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

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| Prepared By, |  | Corrections completed, |  |  |
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| Quality Assurance Manager | Signature / Date |  | Ship’s Stamp |
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| Approved By, |  |  |  |  |
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Designated Person Ashore Name

**Approvers Digital Signature:**

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| SL | Approver Name | Signature |
| 1 | Name :Office User Designation : General Manager |  |
| 2 |  |  |