

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)

the finder(s) should complete all sections of the form.	For official use only Droit No:
ull Name(s)ddress	
mail	
escription of Property, including identifying marks, weights simple sketch if possible (continue on a separate sheet	ght, dimensions, colour, condition, age etc, together with a photog if necessary).
Quantity Descri	iption Estimated Value £
reck Name	Removed from wreck site: Yes No
ate of: Sinking	Depth
Wreck Name Date of: Sinking / Construction / Description of wreck on seabed, including condition, type	Depth

Additional Information		
In as much detail as possible, please give nature, duration and estimated costs of any services owner of the property.	rendered on behalf of the	
Do you wish to claim salvage in respect of expenses incurred during the performance of these	services? Yes \(\subseteq \text{No } \(\subseteq \)	
Declaration by Finder(s)		
I / we hereby declare that the particulars in this report are correct and that the property describe recovered. I / we understand that failure to comply with any part of the Merchant Shipping Act of any claim I / we may have, now or in the future, to the items declared on this form.		
Indemnity For Items Held By The Finder(s):		
I / we hereby confirm that I / we hold in my / our possession the items detailed on this form. I / we agree to: Take all reasonable care of the property and to indemnify the Maritime and Coastguard	Agency and the Receiver of	
 Wreck against any loss or damage to the property whilst in my / our possession; Allow the Receiver of Wreck, or any other person appointed by the Receiver free acces reasonable times and to inform the Receiver of all changes in its whereabouts; Not to remove any of the property from the United Kingdom; Surrender the property to the Receiver of Wreck at any time I / we are requested to do Not to hold the Maritime and Coastguard Agency or the Receiver of Wreck liable for any 	so;	
storage and care of that property.	y costs incurred during	
N.B. You may assume no title to any of the declared items until advised by the Receiver of Wre	eck.	
I / we understand that this undertaking will have no influence on any decision the Receiver of W claims to ownership of this property.	reck 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 Comn Southampton SO15 1EG
Telephone 02380 329 474
Fax 02380 329 477





