

Service Statement for seagoing personnel

acc to Merchant Seamen's Act (1973:282) 15 §

Fields marked with * are mandatory

Personal	data	of th	ne so	eamar
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Name of seaman *			Civic Reg. No	o. (identity number) *	
Address of seaman			Form	at: yymmdd-xxxx	
Data about the act	ual vessel				
		I *			
Call sign *	Name of vessel	I			
Data of cigning on *	Decition on boo	.rd *		Trade area * Not 1)	
Date of signing on *	Position on boa	ira "		Trade area * Not 1)	
ormat: yyyy-mm-dd					
Date of signing off	Number of service days during the period				
		he number of days are m		gning off	
ormat: yyyy-mm-dd					
Check if the seaman has	s been responsile for	r the engine (only when t	here is no engin	e crew)	
			_		
	_	itten contract of en	nployment a	nd to valid	
collective agreeme	ent			1	
Shipowner					
Name of shipowner *		Name of ma	aster or represe	ntative *	
varrie or snipowner		Name of ma	aster or represe	ntative	
_	_				
address of shipowner *					
Phone *	E	-mail			
	•				
Signature of seam	an and represe	ntative of shipown	or		
orginature or seam	an and represe	intative of Silipowii	CI		
Signature of s	seaman	Signature o	f the representa	tive of the shipowner Not	
The se	aman shall be	given a copy of the			
	•	_ ,,	•		

Swedish Transport Agency

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Not 2) The signature of the representative on signing off the seaman includes a confirmation that the seaman has been fit for duty according to medical declaration and certificates.