



**SAINT LUCIA**

**APPLICATION FOR CHANGE OF NAME OF SHIP**

**(Shipping Act Cap. 13.27: Section 24)**

**Shipping (Registration and Proprietary Interests in Ships) Regulations 2009  
Regulation 11**

I / We♦ hereby apply to change the name of the ship as specified below.

♦ delete as appropriate

NAME OF SHIP	Official Number

PROPOSED NAME OF SHIP (Several names may be entered in order of preference)

SIGNATURE			
Place		Date	____/____/____ (d/m/y)
Signature of Owner(s) In the case of a body corporate, an authorised officer of the body corporate			

When completed you should send this form, together with the appropriate fee and supporting documents (if required) to:

**Registrar of Ships**  
 Division of Maritime Affairs  
 P. O. Box 651  
 Manoel Street  
 Castries  
 Saint Lucia  
 Telephone: (758) 453-2855/452-2893 Ext. 4009  
 Fax: (758) 453-0889  
 E-Mail: maritime@slaspa.com

OFFICIAL USE ONLY	
Entry in Register made	on _____/_____/_____ (d/m/y) at _____ (time).
By Officer (print name) .....	