

# CREW & NEXT OF KIN (NOK) LIST

Vessel: \_\_\_\_\_

	FULL NAME:	CITIZENSHIP:	PASSPORT NO:	NOK:	RELATIONSHIP:	DIRECT CONTACT NO:	E-MAIL:	T-SHIRT SIZE:
SKIPPER								
NAVIGATOR								
CREW 1								
CREW 2								
CREW 3								
CREW 4								
CREW 5								
CREW 6								
CREW 7								
CREW 8								

Please list all known medical conditions of crew which may aid in medical personnel in event of assistance being required:

NAME:	CONDITION:	DETAILS:

I hereby certify that the owner, skipper & crew listed above acknowledge and accept:

1. Indemnity Clause (NOR Para 17)
2. Owners Responsibility (NOR)

SIGNATURE: \_\_\_\_\_ CAPACITY: \_\_\_\_\_ DATE: \_\_\_\_\_

