

To: **CR Classification Society**
Attn: Survey Department
Fax: +886-2-2507-4722
Email: cr.tp@crclass.org

APPLICATION FOR SHIP SURVEY SYSTEM

Company Name			
Address			
Department			
In-charge person			
TEL			
E-mail			
Contact Information			
Name	Title	E-mail	Remark
Sub-account Information			

Note:

1. Sub-accounts may be requested if needed and are subject to approval by the Society.
2. If the table is not sufficient for all entries, please attach a separate list.
3. For details on how personal data is handled, please refer to <https://www.crclass.org/privacy-policy>.

	/		/		
	<i>year</i>		<i>month</i>		<i>date</i>
Name and Signature	Date				