



**Merchant Shipping Secretariat**  
Ministry of Ports and Shipping

**MSS**

<b>1.Full Name</b>  (In Block Letters)	<b>Surname</b>	
	<b>Other Names</b>	
(As entered in the Passport)		

**2. Permanent Address:**

<b>3.Phone No.</b>	<b>Colour of eye:</b>	<b>Height (cm):</b>
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<b>4.CDC No.</b>	<b>5.Rank</b>
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<b>6.Date of Issue</b>	<b>7.Date of Expiry</b>
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<b>8.Ledger Number</b>
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.....  
Date

.....  
Signature of Applicant

**Office Use Only**

Verification of the relevant Leger and other supporting documents.

Whether any inquiry pending against him.....

.....  
Date

.....  
Signature of Subject Clerk

**Approval of the Shipping Officer/Examiner**

.....  
Date

.....  
Signature of Shipping Officer

.....  
Date

.....  
Signature of Examiner

DOI:2017-09-13	Rev. No	00	CONTINUOUS DISCHARGE CERTIFICATE REVALIDATION APPLICATION		Prepared By : MR
Page 1 of 1	DOR:		DOC. NO.	SH-FO-02	Reviewed and Approved By: DGMS
Issue No. 02			SEC. NO.	FO	Seafarer Registration Unit