

Lay-up return application

Insurance class: Arrival date: Departure date: Port of place:	Hull & Machinery	1 1	Protect Time: Time:	ion & Inder	mnity
Exact location at a	rrival:				
Cargo at arrival:	Loaded		Cargo at dep		Loaded Ballasted
Crew:	Full crew	Reduced	d crew %	🗌 Wato	hmen only
<i>,</i> .	Awaiting berth		g orders		r (please state):
Approval from Cla	ss for mooring at lay-up	location:	🗌 Yes		D
Have repairs been	carried out during lay-u	p period?	🗌 Yes		C
		If Yes: Owners work period:			
			Claims re	pairs perio	d:

Shifting/Mooring/Unmooring operations:

From date/time	Location	To date/time	Location

Other information attached to this form:

It is hereby confirmed that the vessel was always in a safe condition during the time for lay-up claimed.

Authorized signature:	 Date:
/ action income of Sharar of	 Date

Lay-up return will be subject to assessment of the provided information. This form has to be completed and submitted to the Club within time frames as set out in Marine and/or P&I Circulars respectively. Please do not hesitate to contact the Club for further information.