Lay-up return application

wember name:			
Vessel:			
Insurance class:	Hull & Machinery		tion & Indemnity
Arrival date:	Tim	e:	
Departure date: Time:			
Port of place:			
Exact location at arrival:			
Cargo at arrival:	Loaded Ballasted	Cargo at departure:	Loaded Ballasted
Crew:			
Reason for lay-up:	Awaiting berth	Awaiting orders	Other (please state):
Approval from Class for mooring at lay-up location: Have repairs been carried out during lay-up period? If Yes: Owners work period: Claims repairs period: Shifting/Mooring/Unmooring operations:			
From date/time	Location	To date/time	Location
Other information attac	ched 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:

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.