TELEFINOS CO

AAIC : GR11 / PSA : 3098 / PUBLIC ISP : 3098

QUESTIONNAIRE FOR ACCOUNTING

AUTHORITY CONTRACT

99 KOLOKOTRONI STREET 18535 PIRAEUS GREECE
TEL : 0030 210 4112214 TEL / FAX : 0030 210 4227047
EMAIL: telfinos@otenet.gr

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1 SHIP'S NAME & CALL SIGN

Name:
Call sign:

2 PREVIOUS NAME & CALL SIGN

Ex- Name:
Ex-Call sign:

3 PORT OF REGISTRY & IMO SHIP'S IDENTIFICATION NUMBER

Flag of the Vessel:
IMO No:

4 TONNAGE/DW/GROSS/NET

Tonnage:
DW:
Gross:
Net:

5 TYPE OF VESSEL

Type:

6 VOYAGES

Countries of Voyage:

7 MARITIME MOBILE SERVICE IDENTITY NUMBER

MMSI No:

8 SATELLITE INMARSAT NUMBERS

8.1 INMARSAT 'A'

Primary IMN:
Secondary IMN:

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8.2 INMARSAT 'B'

Voice IMN:
Fax IMN:
Data IMN:
HSD IMN:
Telex IMN:

8.3 INMARSAT 'C'

Telex/Data/Fax IMN:

8.4 INMARSAT 'M'

Voice IMN:
Fax IMN:
Data IMN:

8.5 INMARSAT MINI-M

Voice IMN :
Fax IMN :
Data IMN :

8.6 INMARSAT FLEET

4.8 Kbits IMN:
2.4 Kbit/s Fax IMN:
9.6 Kbit/s Fax IMN:
9.6 Kbit/s Data IMN:
64Kbt/s Data IMN:
56kbit/s data IMN:
128 kbit/s data IMN:
Speech IMN:
3.1 kHz Audio IMN:
MPDS IMN:

9 HF TELEX SEL CALL

10 RADIO TRAFFIC COVERAGE BEGIN DATE

11 ADVANCED STATION WARNING (PLEASE SPECIFY COAST STATION NAMES & COUNTRIES)

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12 PREVIOUS AAIC (ACCOUNTING AUTHORITY CONFIRMATION IS NEEDED TO BE SEND TO US CONFIRMING THAT THE MENTIONED VESSEL HAS NOT ANY OUTSTANDING ACCOUNTS – TRAFFIC UP TO THE DATE OF THIS CONTRACT

13 SHIP OWNING COMPANY & REGISTERED COMPANY:

Company Name:
Your name:
Address:
Town/City:
Post/Zip Code:
State/Province:
Country:
Email Address:
Telephone number:
Facsimile number:
Contact Person name/Title:
Contact Person Email address:
Contact Person Mobile number:

14 MANAGER (S) / AGENTS:

Company Name:
Your name:
Address:
Town/City:
Post/Zip Code:
State/Province:
Country:
Email Address:
Telephone number:
Facsimile number:
Contact Person name/Title:
Contact Person Email address:
Contact Person Mobile number:

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15 NAME & ADDRESS OF PERSON WHO WILL SIGN THE CONTRACT (IN BLOCK CAPITAL LETTERS):

Your name or the name of your organization:
Address:
Town/City:
Post/Zip Code:
State/Province:
Country:
Email Address:
Telephone number:
Facsimile number:
Contact Person name/Title:
Contact Person Email address:
Contact Person Mobile number:

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