



**Government of The Virgin Islands  
Virgin Islands Shipping Registry  
THE MERCHANT SHIPPING ACT 2001**



**APPOINTMENT OF REPRESENTATIVE PERSON**

**NOTE:** Please complete in **BLOCK LETTERS** and Complete all Sections

Name of ship		Official number/IMO	
Number, year		Port of Registry	
Vessel Owner		Beneficial Owner <i>(where applicable)</i>	
You must appoint a BVI Resident as a Representative Person which in the case of an individual is a person residing in the BVI for a significant part of the year and in the case of a body corporate is a company incorporated in and having its principal place of business in the BVI.			
Full Name Individual or body corporate			
Full Address: Corporate Bodies give place of business			
Contact Tel/Fax No./E mail			
24-hour Emergency Contact No.			
Signature of *owner/joint owner/authorized officer			
Full Name			
Date			

*\*Delete as necessary*

**UNDERTAKING TO ACT AS A REPRESENTATIVE PERSON**

I hereby accept to act as Representative Person for the above-described vessel from *DD/MM/YYYY to DD/MM/YYYY*. This section of the form must be completed by the company or individual who holds the due diligence and updated information on the vessel owner. The Virgin Islands Shipping Registry will keep this information on file, and it may be shared with staff, auditors, and professional advisors as required in the performance of updating and ongoing monitoring.

- I/We confirm that I/we have the authority to submit this form.
- I/We confirm that I/we consent to the information submitted being used for the purposes stated above.
- I/We confirm that I/we confirm that all information entered is complete and accurate to the best of our knowledge, having made reasonable enquiries.
- I/We confirm that we are acting in capacity as:

- A Registered Agent
- A Qualified Individual
- I/We confirm that based on the conduct of due diligence and updated records I/we have knowledge of the beneficial owner and hold due diligence in accordance with the laws or codes of practice of the Virgin Islands.

Name of Representative Person:	Contact Person:
Capacity:	Signature:
Physical Address:	Contact Number:
Email Address:	Date:

**The Registrar must be informed of all changes of the Representative Person including changes in name, address, and new appointments.**

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