



APPLICATION FOR CURRENT TITLE EXTRACT

Shipping Registration Act 1981

Applicant's details

Name

Address

Phone number

Fax number

Email address (if any)

Name of contact person

Ship's details

Name

Official number or, if unknown, any other information that may help identify the ship

Required method of transmission

Email: sro@amsa.gov.au

Post: Shipping Registration Office, GPO Box 2181, Canberra, ACT, 2601

Payment Details

Method of payment

Direct deposit →

Cheque

Money order

Credit card



Mastercard Visa

Note: Please reference ship's/person's name on the deposit and forward a copy of the deposit receipt to process request.

Account Name: Australian Maritime Safety Authority
Bank: Westpac
Account No: 216888
Branch No: 032-778
Branch: Westfield Shopping Centre, Belconnen ACT 2617
International
Swift Code: WPACAU2S

Full name of cardholder

Card number

Expiry date

Amount

Signature of cardholder

Date