Send To:

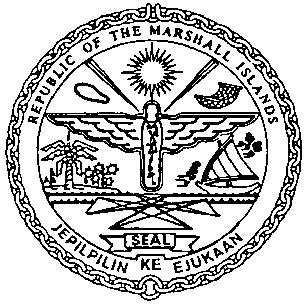
11495 Commerce Park Drive

Reston, Virginia 20191-1507 USA

Tel: +1-703-620-4880

Fax: +1-703-476-8522

Email: accounting@register-iri.com



**REPUBLIC OF THE MARSHALL ISLANDS**

**MARITIME ADMINISTRATOR**

**UPDATE OF BILLING INFORMATION**

In order to ensure that the Administrator has the correct billing information in its system, the following details must be updated for any change in management that takes place with respect to billing on your vessel. All **maritime** invoices and **tonnage** **tax** invoices are being sent to the agent currently in our records. If you wish to amend or confirm this information, please complete this form, have it signed by an authorized representative and return it to the attention of Accounting either by fax   
(+1-703-476-8522),as a scanned email attachment to [accounting@register-iri.com](mailto:accounting@register-iri.com), or by mail. **Please note that this will not affect the current billing information on file with respect to Seafarers’ Documentation or Corporate Services.**

**(*Please enter the billing agent’s (company) name, NOT the owner’s or bareboat charterer’s name. The owner’s/bareboat charterer’s name is automatically printed on the first line of all vessel related invoices.*)**

The undersigned affirms that:

MARITIME BILLING:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Billing Agent *(Company Name)* | | | | | |  | | | | | | |
| Street Address | | | |  | | | | | | | | |
|  | | | |  | | | | | | | | |
|  | | | |  | | | | | | | | |
| City |  | | | | | | State/Province | | |  | | |
| Country | | |  | | | | | | Postal Code | | |  |
| Attn: *(Person or Department)* | | | | |  | | | Telephone | | |  | |
| Email | |  | | | | | | | | | | |

**Check if Tonnage Tax information is same as Maritime Billing information** **. If different, fill in the below.**

TONNAGE TAX:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Billing Agent *(Company Name)* | | | | | |  | | | | | | |
| Street Address | | | |  | | | | | | | | |
|  | | | |  | | | | | | | | |
|  | | | |  | | | | | | | | |
| City |  | | | | | | State/Province | | |  | | |
| Country | | |  | | | | | | Postal Code | | |  |
| Attn: *(Person or Department)* | | | | |  | | | Telephone | | |  | |
| Email | |  | | | | | | | | | | |

the Billing Agent of record for the following Marshall Islands registered Ship(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ship Name: |  | Official Number: |  | IMO Number: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

The undersigned further understands that any change in “Billing Agent” must be made in writing by facsimile or otherwise within two (2) full business days after a change has been made.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Print Name |  | Print Title |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |