



REPUBLIC OF KENYA

APPLICATION FOR KENYA SEAFARERS CONTINUOUS DISCHARGE CERTIFICATE AND RECORD BOOK

Issued in accordance with section 125 of the Merchant Shipping Act, 2009

WARNING TO APPLICANTS:

A false declaration may lead to legal proceedings

PART 1

Surname.....

Other Names.....

Place of Birth..... Date of Birth .....

Colour of eyes..... Colour of Hair .....

Complexion..... Height.....

Distinguishing mark(s) (If any).....

Passport / I.D Card Number .....

Next of Kin:

Name .....

Relationship.....

Address .....

Ship previously served on .....

Type..... IMO No. / Official No.....

G.R.T..... B.H.P .....

For Renewals:

- (i) Attach certificate of discharge (or proof of service)
- (ii) Previous CDC book;  
K.B. No. / CDC No .....

For replacement of lost CDC:

- (i) Attach police abstract.

**PART II**

I apply for the issue of a Kenyan seafarer’s record book and identity document and certify that the particulars given are true. I declare that I am a Kenyan seafarer.

Signature of applicant ..... Date .....

**PART III**

**For official use**

*Applicant **MUST NOT WRITE** here.*

- 1. DULY FILLED KMA CDC APPLICATION FORM ATTACHED
- 2. NATIONAL I.D. COPY OR PASSPORT ATTACHED.
- 3. 2 COLOURED PASSPORT SIZED PHOTOGRAPHS (WHITE BACKGROUND) (IF PLACEMENT AND LOST).
- 4. ORIGINAL AND COPY OF CDC (RENEWAL AND PLACEMENT) AND BASIC STCW CERTIFICATES
- 5. BANK SLIP: PLACEMENT USD 20; LOST CDC USD 25 ; RENEWAL USD 2

**PAYMENT DETAILS: DIRECT DEPOSIT**

ACCOUNT NAME: KENYA MARITIME AUTHORITY

BANK: KENYA COMMERCIAL BANK

BRANCH: KILINDINI

ACCOUNT NO. 1167698452

RECEIPT NO .....

REPLACEMENT       LOST CDC       RENEWAL

Prepared by ARS : Signature ..... Date .....

*Approved for Processing*

Yes       No       Signature .....

*Approved for issuance*

Signature .....

Registrar of Seafarers