

### THE UNITED REPUBLIC OF TANZANIA MINISTRY OF WORKS AND TRANSPORT





# APPLICATION FORM FOR CANCELLATION OF ERRONEOUSLY ISSUED CERTIFICATE

\*All particulars to be in **BLOCK LETTERS** 

### A. PARTICULARS OF THE CERTIFICATE

Full Name of Applicant: (3 names)	
Date of Birth:	
Place of Birth:	
Nationality:	Address:
Mobile No:	E mail:
Type of Certificate to be cancelled	
Certificate No:	Date issued:
B. REASONS FOR CANCELLATION	
Please indicate below the ground(s) for the cancellation (COC, CDC, CoPs)	
Applicant Name:	ignature:Date

#### C. FOR OFFICIAL USE ONLY

# VERIFICATION OFFICER PART I: VERIFICATION BY OFFICER **Remarks:** ..... **Date** Name Signature PART II: RECOMMENDATION BY MANAGER SEAFARERS AFFAIRS **Remarks:** Name Signature Date PART III: APPROVAL BY REGISTRAR OF SEAFARERS **Remarks:**

•••••

Signature

•••••

Name

Date