

LICENSING CLIENT TYPE 4B15 – SEARCHER OF OR SEARCHING FOR WRECK

1. APPLICANT BUSINESS / PERSON PARTICULARS (HEAD OFFICE) - Please indicate with an X where applicable

Nature of entity (please indicate with X)	Company	<input type="checkbox"/>	Close corporation	<input type="checkbox"/>
	Sole Proprietor / Natural Person	<input type="checkbox"/>	Trust	<input type="checkbox"/>
Cooperative <input type="checkbox"/>	Organ of state	<input type="checkbox"/>	Any other juristic person	<input type="checkbox"/>
Registered number of juristic person, where registration is a requirement for such entity				
Registration Number				
Physical Address	Building address: Complex			
	Building name		Unit/ Floor No.	
	Street name and number		Street code	
	Suburb/District			
	City/Town			
Postal Address	Suburb/ District			
	City/Town	Postal Code		
Contact Details	Business telephone number (Including code). ()	Fax number (including code) ()		
	Home telephone number ()			
	Business e-mail address			
Web Address				

CONTACT PERSON AT MANAGEMENT LEVEL

Name		Surname	
ID Type			
Citizenship			
Designation / Capacity	E-mail address	()	
Telephone number. ()	Fax number.	()	

2. ABANDONED WRECK DETAILS

Purpose of search						
Name of the wreck						
The age of the abandoned wreck (e.g. 0001/0050)						Years
The location/area of the abandoned wreck (e.g. GPS coordinates)*						

Date of commencement with search operation		C	C	Y	Y	M	M	D	D
Date when search operations will be ended		C	C	Y	Y	M	M	D	D

3. SUPPORTING DOCUMENTS IN SUPPORT OF APPLICATION
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