

Annex A

Date

The Director II
Manpower Development Service
Maritime Industry Authority

Dear Madam:

Hereunder are the names of crewmember/s of (Name of Company) whose SIRB have been extended pursuant to MARINA Advisory No. _____ dated _____.

Name of Seafarer	Position/ Rank	Date of Expiry	Name of Ship	Name of Shipowner/ Operator

For your information and reference.

Very truly yours,

(Name and Signature of Authorized Official)