

**Application form Schutter Certification B.V.
Hygiene code for Barging**

Company name	:	_____
Ship name	:	_____
Name captain	:	_____
Address	:	_____
Postal code	:	_____
Place	:	_____
Country	:	_____
Telephone number 1	:	_____
Telephone number 2	:	_____
Chamber of Commerce	:	_____
E-mail address	:	_____
Website	:	_____
Insurance company	:	_____
Size of the ship in tons	:	_____
Total cubic capacity	:	_____
Type of hatches	:	_____
Number of holds	:	_____
Type of hold(s)	:	_____
Europe number	:	_____
GMP+/PDV registration number	:	_____
BTW number / VAT number	: :	_____

Date	Signature	_____
	Name	_____
	Function	_____

Please return this form to:
Schutter Certification B.V.
P.O. Box 23029
3001 KA Rotterdam
The Netherlands
Tel: +31 (0)10 2582773
Fax: +31 (0)10 2582745