



**CHECKLIST FOR VERIFICATION
(Accreditation of SEABASED PRINCIPALS)**

<input type="checkbox"/> Manning Agreement
<input type="checkbox"/> Special Power of Attorney
<input type="checkbox"/> Crew Request/Complement With corresponding wage scale/number of vacancies
<input type="checkbox"/> Business License or Commercial Registration If not in English, a notarized English Translation must be provided
<input type="checkbox"/> Valid POEA License of Manning Agency
<input type="checkbox"/> Photocopy of ID of Employer or Authorized Signatory
<input type="checkbox"/> List of Ships and registration With IMO number and vessel details

PRINCIPAL:	
MANNING AGENCY:	
<input type="checkbox"/> Payment	OR NO. : _____
<input type="checkbox"/> Interview	Date : _____
<input type="checkbox"/> Ocular Inspection	Date : _____

REMARKS

Date Verified: _____