

## APPLICATION FORM MANAGING SHIPPING COMPANY

COMPANY ID

COMPANY NAME

POSTAL ADDRESS

TELEPHONE

FAX

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VAT NUMBER

TAX OFFICE

NUMBER OF EMPLOYEES (~)

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E-MAIL

IMO No

NUMBER OF VESSELS UNDER MANAGEMENT

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**Please fill-in data of all vessels under your company's management in the fleet registration form that you will find [here](#).**

To make the best use of HELMEPA's programs available to members, please complete contact details of the responsible departments as listed in the table below, so that they can receive personalized information, invitations, as well as participation opportunities to ESG programs and executives' training.

	FULL NAME	E-MAIL	TELEPHONE
LIAISON WITH HELMEPA			
TRAINING MANAGER			
HR MANAGER			
SUSTAINABILITY MANAGER			
ACCOUNTING MANAGER			
MARKETING MANAGER			
OTHER EXECUTIVE			



We hereby pledge to voluntarily support the main aim of the Hellenic Marine Environment Protection Association – HELMEPA, which is the encouragement, pursuit, and development of the voluntary participation of all stakeholders, legal entities and individuals of Greek Shipping and the wider society in the effort to protect the marine environment and the wider ecosystem from all types of pollution.

The Annual Contribution of the Managing Shipping Company for 2024 amounts to € 1,000 (one thousand euros) plus the amount required for the registration of all the vessels under its management as Regular Members, according to the attached [table of vessels' annual contribution](#). The annual membership fee for regular and corporate members is calendar-based and expires on December 31st of each year, regardless of the registration date in the Association.

I am aware, understand and accept that HELMEPA, under the terms of applicable personal data protection legislation, records and processes the data contained in the Member Application, as well as sends updates concerning the activities of the Maritime Training Center. I also accept that these data be disclosed to the other members of HELMEPA's participatory platform in the context of joint activities for the purposes of the Association.

Full Name

Job Title

Date

Signature & Company's stamp

COMPLETED BY HELMEPA

Full name

Full name

Signature

Signature