DISCHARGE

DATE & PLACE



The Shipping Master Government Shipping Office C.G.O. Building No- I Agrabad, Chattogram

NAME

Sub: Request for Sign-off from vessel (on ENG II form)

RANK

## Dear Sir,

SL

Kindly arrange to sign-off the following seafarer(s) from the article of agreement of the captioned vessels on ENG-II form. The seafarer(s) was/were released from the vessel on fulfillment of the contract and paid full wages onboard.

CDC NO

**ENGAGEMENT** 

DATE & PLACE

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No			• • • • • • • • • •		
Ship's					
			Flag:		Cal
•					
-	D:				
we assure y	our good self	that the said	d voyage of t	ne seafarer	(s) is/are genuine and
if any infoi	rmation four	nd fake/wroi	ng regarding	g the voya	ge, we will be fully
responsible	and liable fo	or consequer	ice and shall	obey any d	lecision taken by the
concerned a	authority rega	arding the fa	lsification.		
Thanking yo	ou				
For shipping	g line/agents				
Signature:				•••	
				••••	C
•	ıe: 				Company Stamp
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Phone No
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