

**EMPLOYER**

COMPANY NAME

ADDRESS

CONTACT INFORMATION

BILLING INFORMATION



**EMPLOYEE**

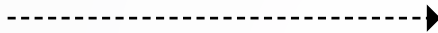
EMPLOYEE NAME

DATE OF BIRTH

NAME OF THE BOAT

DATE OF EMBARKATION

**FROM WHERE**



**WHERE**

CITY

COUNTRY

CITY

COUNTRY

# ***DECLARATION***

We declare in this document that as an employer, our employee works in quarantine on of our ships and doesn't come in contact with other people.

EMPLOYER ,S STAMP AND SIGNATURE

