Society of International Gas Tanker & Terminal Operators Ltd

London Liaison Office, 42 New Broad Street, London EC2M 1JD, UK

Tel: +44 020 7628 1124 Email: admin@sigtto.org W[ebsite:www.sigtto.org](http://www.sigtto.org/)

The undersigned hereby applies to become a member of the Society of International Gas Tanker and Terminal Operators Limited (the Society) and agrees, if this application is accepted, to become a shareholder in the Society and to abide by its Bye-Laws.

SIGTTO Application for Membership of the Society

For and on behalf of:-

NAME OF COMPANY ...........................................................................................................................................

ADDRESS ...............................................................................................................................................................

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Tel: ............................................................. Email: ...............................................................................................

Signed ....................................................... Position .................................................... Date ............................

Country of Incorporation..............................................................................................................

Note – This application should be submitted to:-

# The Membership Manager

SIGTTO

42 New Broad Street London, EC2M 1JD Email: admin@sigtto.org

For the purpose of approval by the Bermuda authorities of the issue of shares one of the following accompanies this application (delete as necessary).

1. Most recent Annual Report of the Company.
2. Most recent Annual Report of Parent Company or Companies

(The above documentation is not required if the Company is a Bermuda company whose beneficial ownership

is already known to the Bermuda Government).

*(Continue on second page)*

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# Declaration of Capacity

Information to Accompany

Application for Membership of the Society

Please state below the names and 100% full capacity in cubic metres of all gas tankers and/or gas terminals operated by you or in which you have a majority ownership. Indicate in each case whether owned and/or operated. If operated but not owned, please state owner. If a “split” in capacity has been agreed between owner(s) and operator, please indicate agreed “split”.

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| --- | --- | --- | --- | --- | --- |
| Name | Type(LPGC/LNGC/ LPGT/LNGT) | Total Capacity | %Share | Status (Active/Laid Up/Under Construction) | Any Remarks |
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*(Attach additional sheets if required)*

1. Name of applicant’s nominated chief and communications representative for the society’s affairs subject to admission to membership.

Chief Representative Communications Representative

Name:.......................................................................... .................................................................................

Position: ...................................................................... .................................................................................

Email:......................................................................... .................................................................................