

<Contact>

Mansei Inc.

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The confirmation note

| No. | Items | Content |
|----------|---|---|
| 1 | Ship name | |
| 2 | Ship owner | |
| 3 | Class | |
| 4 | Flag | |
| 5 | Type of ship | |
| 6 | Number of person | |
| 7 | Shipyards | |
| 8 | Serial name | |
| 9 | IMO number | |
| 10 | Date of manufacture | |
| 11 | Davit maker | |
| | Davit type/Winch type | |
| | Mfg Number of davit | |
| 12 | lifeboat maker | |
| | lifeboat type | |
| | Mfg Number of lifeboat | |
| 13 | Type of service | Annual inspection or 5-yearly inspection |
| 14 | Date of service <Standard working hour: 8 hours> | First request: (Month/day/year) |
| | | Place: |
| | | Second request: (Month/day/year) |
| | | Place: |
| 15 | Transportation | *Map is fine for us |
| 16 | Customs | |
| 17 | Interpreter | |
| 18 | Remarks | |
| | • defects | |
| | • parts supply etc. | |
| | *pictures better | |
| 19 | Payee (receiver of Invoice, Quotation) | Company : |
| | | PIC : |
| | | Postal code : |
| | | Address : |
| | | TEL : |
| | | FAX : |
| | | E-mail : |
| | | Payment:by the end of next month of servicing day |
| 20 | Client | Company : |
| | | PIC : |
| | | Postal code : |
| | | address : |
| | | TEL : |
| | | FAX : |
| E-mail : | | |

Please give us sufficient information with attached documents, comments, and pictures.