Annex 05- Declar	CARNIVAL.				
OHS-1302	Form			MARITI	M E
Issue date 21Oct2016	Revision # 2	Revision date 04 Feb 2019	Prepared By OHS Department	Approved By E. Gori	Page 1 of 1

Company:

Full Address:

## Declaration of Insurance and social contribution

It is herewith confirmed that our employee

Name	Date of	Place of	Passport	Embarking	Disembarking
	Birth	Birth	Number	Date	Date
ROBERTO	14/03/1959	` ,	AX7840330		
IACOUCCI		ITALY			
QUATTROCIOCCHE	06/09/1993	FROSINONE	AT456428		
JACOPO		(FR) ITALY			

working as a Contractor / Technician on the vessel ...... is fully insured for any kind of illness, working accidents and/or any damage and/or harm resulting from these instances and their social contribution are covered.

The insurance coverage and social contribution includes work to be performed onboard a ship (Italian equivalent "La coperturaassicurativa e contributiva include I lavoricheverannoeffettuati a bordo").

A medical check-up prior working on board is not required.

PATRICA 19/11/2019

Tel-0775-930116 - Fax 0775-839345 F.P. Na 07240470605-901 MSUXCR1

Date, Signature

Stamp