

FORM4

See Para 9 of Tonnage Tax Cell-Circular No. 2 Of 2005

TONNAGE TAX TRAINING COMMITMENT

Details of Total Training Actually Imparted

Name of Company _____

Address: _____

Telephone _____

Fax _____

Email _____

Contact Person _____

Financial year _____

Sl. No.	Name of Trainee Officer	Rank	CDC No.	INDOS No.	Training Period #		No. of days
					From	To	
	Total						

Total _____ Man-Days

I certify that above information is true and accurate. I also hold myself and company responsible for any factual error and shall be subjected to suitable penal action

 Authorised Signatory

Place: _____

Date: _____

Verified by _____

Encls. _____ Copies of Form- 3(ii)

