**Notice to ABS for change of: Ownership, Management Company, Correspondence- & Billing Clients, MyFreedom Portal Access Managers and/or Other Customers:** It is only necessary to indicate **changes** to current information.

Complete and accurate information is imperative as ABS Records will be based on information provided in this form.

Vessel Name:

ABS Class Number:       or IMO No.

**Check off each entity for which the address/contact details are applicable:**

[ ]  Registered Owner\* [ ]  Managing Company [ ]  Correspondence Client [ ]  Billing Client [ ]  Other Specify Entity

Name:       WCN\*\*:

Address:       Company IMO No.:

City:       State:       Province:       Postal Code:       Country:

Contact: Name:       Phone:       email:

**Check off each entity for which the address/contact details are applicable:**

[ ]  Registered Owner\* [ ]  Managing Company [ ]  Correspondence Client [ ]  Billing Client [ ]  Other Specify entity

Name:       WCN\*\*:

Address:       Company IMO No.:

City:       State:       Province:       Postal Code:       Country:

Contact: Name:       Phone:       email:

**Check off each entity for which the address/contact details are applicable:**

[ ]  Registered Owner\* [ ]  Managing Company [ ]  Correspondence Client [ ]  Billing Client [ ]  Other Specify entity

Name:       WCN\*\*:

Address:       Company IMO No.:

City:       State:       Province:       Postal Code:       Country:

Contact: Name:       Phone:       email:

**Check off each entity for which the address/contact details are applicable:**

[ ]  Registered Owner\* [ ]  Managing Company [ ]  Correspondence Client [ ]  Billing Client [ ]  Other Specify entity

Name:       WCN\*\*:

Address:       Company IMO No.:

City:       State:       Province:       Postal Code:       Country:

Contact: Name:       Phone:       email:

**MyFreedom Access Manager:**

First Name:

Last Name:

Phone number:

Email address:

\* For change of Registered Owner, please include a copy of the COR, COD, CSR, or any other official documentation indicating the vessel’s Owner and associated address.

\*\* WCN is assigned by ABS, leave blank if unknown.

*Please submit this form as a Word document, i.e., do* ***not*** *scan or convert this form to pdf.*

Date sent:

Name and title of submitter