

APPLICATION FORM

company	
surname	
christian name	
function	
address	
zip code / town	
tel fax email	
ship's name	
callsign	
type of ship	
type of contract	Yacht <input type="checkbox"/> Professional <input type="checkbox"/>
fax mail service	setup Fax mail service <input type="checkbox"/> no Fax mail service <input type="checkbox"/>
HF- equipment	please describe your present HF- equipment
remarks	
date	

We will contact you as soon as possible.

RUAG

by order and account of

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