

Shanghai Highwoods Ship Co., Ltd

Medical Care Application & Authorization

To contact any of the qualified Medical Care Institutes near to ship at China all ports, to efficiently hire a medical transportation tool to see doctor, to get an English speaker, to off land garbage at port, we, ship owners/ operators made the application and hereby authorize **Shanghai Highwoods Ship Co., Ltd** to provide goods and services for this job and also accept [the terms of the rate schedule](#) set forth and agree to pay according to said schedule any and all monies due and owing within ten (10) days from invoice date.

Emergency Call (24hours a day,7 a week)

[Shanghai Highwoods Ship Co., Ltd](#)

Contact Point: Mr. William Peng

Phone Number: 86 18217175747

Email: osro@shorefacility.com

No.	Ship Name	IMO/Call sign	Ship Location	Email address
			Port: N. _____ E. _____	
Description of Emergency Conditions				
1.				
What Type of assistance is required				
1.				
1.	Name of reporter's company			
2.	Reporter (Full Name)	Name:	Title:	
3.	Full Contact	Phone:	Email:	
Designated contact information of ship owners/ manager				
1	Ship owners/operators			
2	Legal Representative			
3	Contact Person			
4	Cell Phone/ Email			
5	Signature/Stamp			

★ Emergency response service to our contracted ships at [the schedule rates](#) which is appendix III of [SPRO\(OSRO\) contract](#).