WMC
WORLD MARITIME COUNCIL

Together for Maritime Excellence
Office No. 1201A & 1202A, The Great Eastern Summit,
Plot No. 66, Sector 25, CBD Belapur, Navi Mumbai 400614, Maharashtra, India
info@worldmaritimecouncil.com · www.worldmaritimecouncil.com

APPLICATION FOR INSTITUTIONAL MEMBERSHIP AND REGISTRATION

Membership application form · or apply online at worldmaritimecouncil.com/apply

1. Please fill out this form in BLOCK LETTERS.
2. Attach self-attested copies of all required regulatory approvals / licences (checklist on the last page).
3. Submit the completed form digitally by email to info@worldmaritimecouncil.com, upload it at worldmaritimecouncil.com/apply, or post a physical copy to the Secretary at the registered office.

MEMBERSHIP CATEGORY SELECTION (Please tick the box for your organization's primary activity)

- ☐ FULL MEMBER (Category A): DGMA-Approved Recruitment & Placement Services Licence (RPSL) Holder
- ☐ FULL MEMBER (Category B): DGMA-Approved Maritime Training Institute (MTI)
- ☐ FULL MEMBER (Category C): DGMA-Empanelled Maritime Medical Centre
- ☐ ASSOCIATE MEMBER: Classification Society / Allied Service Provider

ORGANIZATIONAL DETAILS

Name of the Organization / Institution _____

Legal Status ☐ Private Ltd. ☐ Public Ltd. ☐ Partnership Firm ☐ Trust / Society ☐ Sole Proprietorship

Registered Office Address _____

_____

_____

Corporate Identification Number (CIN) / Registration No _____

Official Website www. _____

STATUTORY & REGULATORY CREDENTIALS (Mandatory for Full Membership validation)

DG Approval / Licence Number _____

Date of Issue ☐☐ / ☐☐ / ☐☐☐☐

Date of Expiry ☐☐ / ☐☐ / ☐☐☐☐

PAN Card Number (Organization) _____

GSTIN _____

ISO 9001:2015 / Quality Management Certificate No _____

KEY MANAGEMENT PERSONNEL (KMP) & CONTACT DETAILS

Name of the Head of Organization (MD/CEO/Director) _____

Designation _____

Mobile Number +91 _____

Official Email _____

Designated WMC Representative (authorized to cast votes at General Body Meetings on behalf of the company)

Name of Representative _____

Designation _____

Mobile Number +91 _____

Email _____

OPERATIONAL METRICS (For statistical & advocacy registries)

For RPSL Applicants: Average number of seafarers placed annually: _____

For MTI Applicants: Total number of DGMA-approved courses offered: _____

For Medical Applicants: Average number of maritime medical examinations per month: _____

For Associate Members: Size of fleet managed/owned under Indian/Foreign flags: _____

MANDATORY DECLARATION & CODE OF CONDUCT COMPLIANCE (To be signed by the Authorized Signatory)

I/We hereby declare that:

- The particulars given above are true, accurate, and complete to the best of my/our knowledge.
- Our organization strictly adheres to the Directorate General of Shipping (DGMA) rules, the Maritime Labour Convention (MLC, 2006), and the STCW Conventions.
- We pledge to uphold the absolute integrity of the Indian maritime industry. Specifically, if applying as an RPSL agency, we declare that no direct or indirect recruitment, placement, or processing fees are charged to seafarers under any circumstances.
- We agree to abide by the Constitution, Governance Charter, and Operational Bylaws of the WMC as amended from time to time.
- We understand that any misrepresentation or violation of the WMC Code of Conduct may result in the immediate suspension or termination of our membership.

Date ☐☐ / ☐☐ / 2026 Place _____

Corporate seal

_____
Signature of Authorized Signatory (Name, Designation & Corporate Seal)

DOCUMENTS ATTACHED (Please tick the documents attached with this application)

- ☐ Duly filled application form
- ☐ Copy of valid DGMA Approval / Licence / Empanelment Certificate
- ☐ Copy of Organization's PAN Card and GST Registration Certificate
- ☐ Copy of Certificate of Incorporation / Trust Deed / Society Registration
- ☐ Copy of ISO 9001:2015 / Quality Management Certificate
- ☐ Proof of payment for the initial Registration / Membership fee

FOR OFFICE USE ONLY (WMC SECRETARIAT)

Application Reference Number	WMC/2026/_____
Date Received	_____ / _____ / _____
Membership Committee Review	☐ Approved ☐ Deferred ☐ Rejected
Remarks / Observations	_____
Executive Council Ratification Date	_____ / _____ / _____
Assigned Membership Number	WMC - _____

_____ _____
Membership Committee Head Secretary General, WMC