

REPORT OF ARRIVAL / APPLICATION FOR PORT CLEARANCE

FISHERIES ACT, CHAPTER 111. Fisheries (Fishing Harbour) Rules.

FOR OFFICIAL USE Accepted By:
Signature of Officer / Date & Time

* Report of Arrival

* Application for Port Clearance

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

GDV NO.

VESSEL PARTICULARS

Name <input type="text"/>	*Purpose
Callsign (Only for vessel above 300GRT) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Discharge Fish / Cargo Operation
Type <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 2 Embarking / Disembarking Passengers
Nationality (Flag) <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 3 Taking Bunkers
Port of Registry <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 4 Taking Suppliers
Certificate of Registry No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 5 Changing Crew
Gross Register Tons <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 6 Repair / Docking / Outfitting
Length Overall (Metre) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 7 Others, please specify:
Name of Shipping Line / Owner <input type="text"/>	*Type of Gear(s)
Country of Shipping Line / Owner <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Longline
Master <input type="text"/>	<input type="checkbox"/> 2 Trawler
Name & Address of Agent	<input type="checkbox"/> 3 Troller
<input type="text"/>	<input type="checkbox"/> 4 Others, please specify:
<input type="text"/>	If Taking Bunkers, state: -
Tel No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Quantity Taken (Tonne) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fax No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grade of Bunkers @MD0/MG0/MF0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
A/C No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

ARRIVAL

D D M M Y Y H H M M

Date & Time <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Location	Grid Reference
Arrival From <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Position Port	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Total Fish Landings (Kgm) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number of Crew (including Master)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

DEPARTURE

D D M M Y Y H H M M

Date & Time <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Location	Grid Reference
Number of Crew (including Master) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Present Berth	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Total Cargo (Kgm) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Next Port	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

*SUBMISSION OF DOCUMENTS

2 copies of this document <input type="checkbox"/>	
ON ARRIVAL	FOR DEPARTURE
1. Original Last Port Clearance <input type="checkbox"/>	1. 1 copy of crew list <input type="checkbox"/>
2. Ship's Registry <input type="checkbox"/>	2. Outward Manifest + <input type="checkbox"/>
3. Endorsed Immigration Crew List <input type="checkbox"/>	3. IOPP Certificate <input type="checkbox"/>
4. Inward Manifest + <input type="checkbox"/>	(only for vessel above 400 GRT)

I declare that the information given above is true and correct.

Date / Time

Authorised Agent / Master of Vessel