

VISITING VESSELS

PERSONAL DETAILS

NAME: _____

CONTACT ADDRESS: _____

PHONE/MOBILE: _____

EMAIL: _____

EMERGENCY CONTACT: _____

PHONE/MOBILE: _____

CREDIT CARD: _____ EXPIRY DATE: _____

BOAT DETAILS

BOAT NAME: _____

REGISTRATION NO: _____

TYPE OF VESSEL: _____

LENGTH: _____ BEAM: _____ DRAFT: _____

ISOLATING TRANSFORMER: YES / NO

INSURER: _____ EXPIRY DATE: _____

PLEASE PROVIDE A COPY OF THE CURRENT 'CERTIFICATE OF CURRENCY' SHOWING A
MINIMUM OF \$10,000,000 PUBLIC LIABILITY INSURANCE

SIGNED: _____

DATE: _____

OFFICE USE ONLY

MOVE IN DATE: _____ MOVE OUT DATE: _____

BERTH ALLOCATION: _____ AMOUNT PER NIGHT: _____

TEMP GATE CARD: _____ RETURNED: _____

INVOICED: _____