

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: _____

WEIGHT: _____ HULL TYPE _____

ISOLATING TRANSFORMER/GALVANIC ISOLATOR: YES / NO _____

INSURER: _____ EXPIRY DATE: _____

PLEASE PROVIDE A COPY OF THE CURRENT 'CERTIFICATE OF CURRENCY' SHOWING A MINIMUM OF \$20,000,000 PUBLIC LIABILITY INSURANCE

SIGNED: _____

DATE: _____

OFFICE USE ONLY

MOVE IN DATE: _____ MOVE OUT DATE: _____

BERTH ALLOCATION: _____ AMOUNT PER NIGHT: _____

TEMP GATE CARD: _____ RETURNED: _____

INVOICED: _____

*Please note that you will be charged \$50 for fob/s not returned 7 days after departure