



Ref: _____

APPLICATION FOR VESSEL CHECK

*This form must be filled in **BLOCK LETTERS***

Name & Description of the vessel:	
Nationality of the vessel:	
Certificate of Registry (port, date, number):	
Port of arrival:	Name of Master:
Date & time of arrival:	Arrived from:
Net tonnage:	Gross tonnage:
Ship agent's name & License number:	
Purpose of vessel check:	
Brief particulars of voyage:	
Brief particulars of cargo:	
Number of crews (including master):	Number of passengers:
Remarks:	
Above information are true and correct	
Signature:	
Name:	
Designation:	
Date:	
Time:	
For Customs use only	
Checked by:	
Name:	Name:
Designation	Designation
Signature:	Signature:
Date & Time:	Date & Time:
Examination Report:	

