

MCS-134



Maldives Customs Service
Republic of Maldives

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: | |
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