

SHIP PRE-ARRIVAL INFORMATION FORM FOR ALL SHIPS PRIOR TO ENTRY INTO THE PORT

SOLAS REGULATION XI-2/9 AND ARTICLE 6.3 OF REGULATION (EC) No 725/2004

| Partic | ulars of the | ship and co | ntact | t detai | ls | | | | | | | | |
|------------------------------------------------------------------------------|----------------------|----------------|--------|----------|----------------|------------------------------|------------------|---------|-----------|----|-----------|----------|----------|
| IMO n | umber | | | | | Name of ship | | | | | | | |
| | f registry | | | | | | Flag state | | | | | | |
| | Type of ship | | | | | Call sign | | | | | | | |
| Gross Tonnage | | | | | | Immarsat call number (if | | | | | | | |
| • | | | | | | available) | | | | | | | |
| Name | of Compan | У | | | | Com num | pany Identificat | tion | | | | | |
| CSO n | amo 8 24 ha | our contact (| dotail | lc | | num | ber | | | | | | |
| C30 11 | aine y 24 in | our contact (| uctan | 13 | | | | | | | | | |
| Port a | nd port fac | ility informa | tion | | | | | | | | | | |
| Port o | f arrival | | | | | Port facility of arrival (if | | | | | | | |
| | | | | | | knov | wn) | | | | 1 | | |
| | ted date an | | DA. | .TE | | | | | TIME | | | | |
| | l of the ship | in port | | | | | | | | | | | |
| (ETA) | n, nurnoco | of call | | | | | | | | | | | |
| Primary purpose of call Information required by SOLAS regulation XI-2/9.2.1 | | | | | | | | | | | | | |
| 11110111 | nation requ | in ca by 30L | A3 1C | Julatio |) | | | | | | | Frain do | <u> </u> |
| Door t | the ship hav | vo a valid | | YES | п | Issued by (Administration | | | | | Expiry da | te | |
| | • | | | · · | | or R | | | | | | | |
| International Ship Security Certificate (ISSC) ? | | | | | | | ot, please | | | | | | |
| | | | NO | | I | il why ? | | | | | | | |
| | | | | | | | - | | | | | | |
| Does the ship have an approved YES | | | | | | 1 | | | Level | 1 | Level 2 | Level 3 | |
| | n board ? | | | NO | | ship is currently operating | | | | | | | |
| Location of ship at the time this report is made | | | | | | | | | | | | | |
| List th | e last ten c | alls at port f | acilit | ies in d | chronol | ogical | order (most re | cent ca | all first | t) | | | |
| N° | N° Date Date to Port | | | t | Country UNLOCO | | | DDE | , | | Security | | |
| | from | | | | | (if available) | | ble) | | | Level | | |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | |

| Did the ship take any special or additional security measures, beyond those in the approved SSP? | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------|---------------------|------------|--------------|---------------------------|-----------------|------|-------|--|
| If the answer is \underline{YES} , indicate below the special or additional security measures taken by the ship. | | | | | | | | | NO | |
| N° (as | above) | Special or addi | itional security me | asures tak | en by the sh | nip | | | ' | |
| | 1 | | | | | | | | | |
| | 2 | | | | | | | | | |
| | 3 | | | | | | | | | |
| | 4 | | | | | | | | | |
| | 5 | | | | | | | | | |
| | 6 | | | | | | | | | |
| | 7 | | | | | | | | | |
| | 8 | | | | | | | | | |
| | 9 | | | | | | | | | |
| | 10 | | | | | | | | | |
| List the ship-to-ship activities , in chronological order (most recent first), which have been carried out during the period of the last ten calls at port facilities listed above. | | | | | | | | | | |
| | | | ures specified in t | he approve | ed SSP main | tained during each of | f these s | hip- | YES | |
| to-ship | activities | 5? | | | | | | | | |
| If <u>NO</u> , | If NO, provide details of the security measures applied in lieu in the final column below | | | | | | | | | |
| | | | | | | | | | | |
| N° | Date from | Date to | Location or Lon | _ | Ship-to | Secu | curity measures | | | |
| 1 | Irom | and Latitude applied | | | | | | | | |
| | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |
| General description of the | | | | | | | | | | |
| cargo aboard the ship | | | | | | | | | | |
| Is the ship carrying any dangerous substances YES NO If YES, confirm Dangerous Goods FAL 7 | | | | | | | | | | |
| | | | | | | | | | | |
| - | - | 5.2, 7, or 8 of the | | | | relevant extract) | | | | |
| | | | list is attached | FAL 5 | Confirm a | copy of the ship's pa | | | FAL 6 | |
| | | IMO FAL Form 5 | | | | attached (IMO FAL Form 6) | | | | |

| Other security related information | | | | | | | | | | | |
|-------------------------------------------|---------------|------------------|--|----------------------------|--------------------|---------|--|-----------|--|--|--|
| Is there any sec | urity-related | YES | | Provide details | | | | | | | |
| you wish to rep | ort ? | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | NO 🗆 | | | | | | | |
| Agent of ship at intended port of arrival | | | | | | | | | | | |
| Name | | | | | Contact details (1 | el. n°) | | | | | |
| | | | | | | | | | | | |
| Identification o | f person prov | iding th | | | | | | | | | |
| Title or position | 1 | | | | | Name | | Signature | | | |
| Master Ship's SSO CSO | | Agent (as above) | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Date | Time | me Pla | | ce of completion of report | | | | | | | |
| | | | | | | | | | | | |

This form must be fully filled and sent to Harbour Master Office : harbourmaster@haropaport.com