



**MINISTRY OF DEFENCE
MALE', MALDIVES**

GENERAL DECLARATION FORM

		Arrival		Departure	
1.1 Name and type of ship			1.2 IMO number		
1.3 Call sign			1.4 Voyage number		
2. Port of arrival/departure			3. Date and time of arrival / departure		
4. Flag State of ship	5. Name of master		5. Last port of call / Next port of call		
6. Certificate of registry (<i>Port; date; number</i>)			7. Name and contact details of ship's local agent		
8. Gross tonnage	9. Net tonnage				
10. Position of the ship in the port (<i>berth or station</i>)					
11. Brief particulars of voyage (<i>previous and subsequent ports of call; underline where remaining cargo will be discharged</i>)					
12. Brief description of the cargo					
13. Number of crew	14. Number of passengers		16. Special features of the ship (Mark the appropriate box)		
15. Documents to be attached (<i>Indicate number of copies attached to this document</i>)				Yes	No
	No. of copies attached		a. Helicopter	<input type="checkbox"/>	<input type="checkbox"/>
a. Crew List	<input type="checkbox"/>		b. UAV	<input type="checkbox"/>	<input type="checkbox"/>
b. Crew's Effects Declaration (only on arrival)	<input type="checkbox"/>		c. Submarine / ROV	<input type="checkbox"/>	<input type="checkbox"/>
c. Certificate of Registry	<input type="checkbox"/>		d. SONAR	<input type="checkbox"/>	<input type="checkbox"/>
			e. Maximum speed > 40kts	<input type="checkbox"/>	<input type="checkbox"/>
			f. AIS	<input type="checkbox"/>	<input type="checkbox"/>
			g. Tracking device	<input type="checkbox"/>	<input type="checkbox"/>
			h. Other(s)		
CRUISING AND HABOURING/ CHARTER DETAILS					
17. Cruising and harbouring: <input type="checkbox"/>			18. Charter: <input type="checkbox"/>		
Duration (start and end date)			Duration (start and end date)		
19. Remarks					
20. Date and signature by master, authorized agent or officer					
...../...../.....					

- This form shall be completed and submitted to the Ministry of Tourism 7 days prior to the arrival of the vessel.

FOR OFFICIAL USE ONLY

MINISTRY OF TOURISM	MINISTRY OF DEFENCE	MNDF COAST GUARD HEADQUARTERS
Ref no:	Incoming ref no:	Ref no:
Approved by:-	Approved by:-	Approved by:-
Name:	Name:	Name:
Designation:	Designation:	Designation:
Date and time:	Date and time:	Date and time:
Signature/ Stamp:	Signature/ Stamp:	Signature/ Stamp: