



PORT OF CORNER INLET & PORT ALBERT

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Telephone: (03) 5150 0500 - Facsimile: (03) 5150 0501

Date of Application:

Subject to the conditions set out below, I/we hereby give:

Notification of Arrival / Departure and Application for Berth *Highlight applicable, or cross out/delete not applicable*

| | | | |
|---|----------------------------|---|-------------------------------------|
| Name of Vessel: | | Gross Registered Tonnage ¹ | |
| IMO Number: | | Voyage Number: | |
| Port of Registry: | | ISPS Compliance No: | |
| Name of Master: | | Length Overall: | |
| Security Level: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Security Officer: | | Estimated Arrival Draught: | Fore |
| Ships Agent: ABN: | | Estimated Departure Draught: | Fore |
| Name & Local Knowledge Certificate No: | | | Aft |
| Bridge Phone Number: | | | |
| Bridge Fax Number: | | | |
| Pratique Granted date: | | Type of Vessel: | |
| Date of Ships Passage: | | Towing? | No <input type="checkbox"/> |
| Corner Inlet: | ETA / ETD | <i>Towing approval from Harbour Master Gippsland Ports:</i> | Yes <input type="checkbox"/> |
| Berth: | ETA / ETD | Name of Barge or vessel: | |
| Last Facility | | Ballast Water Discharge? | <input type="checkbox"/> |
| Next Facility | | EPA Notification? | <input type="checkbox"/> |

| | | | |
|--|--------------------------|---------------------------|--------------------------|
| Corner Inlet No 1 to BBMT | <input type="checkbox"/> | PAMT to BBMT | <input type="checkbox"/> |
| Corner Inlet No 1 to PAMT | <input type="checkbox"/> | BBMT to Corner Inlet No 1 | <input type="checkbox"/> |
| BBMT to PAMT | <input type="checkbox"/> | PAMT to Corner Inlet No 1 | <input type="checkbox"/> |
| Tick the check box of relevant movement | | | |



| | | | |
|---|--------------------------|-----------------------|--------------------------|
| Facilities Notified: | | | |
| Proceeding to Anchorage* <small>*GP's will advise which anchorage on arrival</small> | <input type="checkbox"/> | Port Anthony Terminal | <input type="checkbox"/> |
| Barry Beach Marine Terminal | <input type="checkbox"/> | Port Welshpool Berth | <input type="checkbox"/> |
| Tick the check box of relevant facility | | | |

| | | | |
|---|----------------------------|------------|--|
| Notification of Cargo Information: | | | |
| Type of Cargo to be Loaded: | | | |
| Type of Cargo to be Discharged: | | | |
| Weight: tonnes | Volume: m ³ | Livestock: | |
| Gas Free: | | | |
| Other information | | | |
| Supply of Fresh Water: | | | |
| Bunkering: | | | |
| Vessel Repairs / Lay Up: | | | |

Hazardous / Dangerous Goods Declaration

| | Class 1 | Class 2 | Class 3 | Class 4 | Class 5 | Class 6 | Class 7 | Class 8 | Class 9 |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes | | | | | | | | | |
| Division | | | | | | | | | |
| Quantity | | | | | | | | | |

Cargo Manifests: Vessels intending to discharge cargo must ensure the Cargo Manifest is forwarded to the email address list (above) at least 24 hours prior to arrival. Manifests for cargo loaded including ships stores to be forwarded to the email address list (above) within 24 hours prior to departure from the Port.

Note 1. If vessel GRT less than 150t or vessel is not subject to Tonnage Measure charges are based upon overall length

Conditions:

1. The Ship's Agent submits this **Notice of Arrival, Application for Berth & Notification of Departure** in its capacity as agent for the Owner and warrants that it is authorised by the Owner to enter into this agreement on its behalf (whether or not a copy of the Ship's Agent appointment is attached).
2. The Ship's Agent and Owner acknowledge that a contract is constituted by this Application.
3. The Ship's Agent and the Owner acknowledge that any obligations imposed upon them by the Contract are binding upon them.
4. Full details of fees, charges, obligations and copies of the Port Operating Handbook and Harbour Master's Directions for the Port of Corner Inlet and Port Albert may be found at: www.gippslandports.vic.gov.au

Signature of Ship's Master:

Name of Shipping Agent:

Date: