



PAPUA NEW GUINEA CUSTOMS SERVICE

Protecting Our Borders and Securing Our Future

SHIPS PRE-ARRIVAL INFORMATION

This form is required to be lodged with Customs not less than 48hrs prior to the vessels arrival at the first Papua New Guinean Port of call as stipulated in Regulation 18(1)(d)(2)(h) of the *Customs Regulations 1951*, unless the voyage time from the last port is less than 48 hours in which case not later than 24 hours before the ships arrival.

SHIP PARTICULARS			
Name of Ship:		Country of Registration:	Port of Registration:
IMO number:	Call Sign:	Previous Name/s:	Official Number:
Port of Arrival:	Estimated Date of Arrival:	Estimated Time of Arrival:	Estimated Date of Departure:
Name of Local Ship's Agent:	Name of Ship's Owner:	Name of Ship's Operator:	Name of Ship's Charterer:
Number of Crew (Incl. Master):	Number of Passengers:	Stowaways on Board? (If yes provide details)	Firearms/Weapons on Board? (If yes provide details)
Net Tonnage:	Gross Tonnage:		

SHIP SECURITY REPORT			
ISSC Number:	ISSC Issued by:	ISSC Expiry Date:	Current Ship Security Level (1,2 or 3)

Last ten ports of call (including PNG ports) in order (most recent first), and the security level that the ship operated at while in those ports:

PORT & COUNTRY		DEPARTURE DATE	SECURITY LEVEL	PORT & COUNTRY		DEPARTURE DATE	SECURITY LEVEL
1.				6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			

Were there any special or additional security measures undertaken at any of the above ports? (Yes/No - If yes, provide details)

Did the ship engage in any ship to ship activity at any of the above ports? (Yes/NO - If yes, provide details)

Next four ports of call (including Papua New Guinean ports) in order:

PORT & COUNTRY		ARRIVAL DATE	PORT & COUNTRY		ARRIVAL DATE
1.			3.		
2.			4.		

SHIP SAFETY REPORT			
CERTIFICATE	EXPIRY DATE	CERTIFICATE	EXPIRY DATE
MARINE NAVIGATION LEVY		SAFETY RADIO	
PROTECTION OF THE SEA LEVY		SAFETY EQUIPMENT	
P & I CLUB CERTIFICATE OF ENTRY		I.O.P.P.	
SAFETY CONSTRUCTION		LOADLINE CERTIFICATE	

DECLARATION			
I declare that all the particulars contained in this report are complete, exact and true to the best of my knowledge.			
NAME:	<input type="text"/>	COMPANY:	<input type="text"/>
DATE:	<input type="text"/>	TIME:	<input type="text"/>
*Completed by Authorised Operator /Agent / Master (*strike out whichever is not applicable)			