

## SHIP PRE ARRIVAL INFORMATION

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

ALL SHIPS TO SUBMIT THIS FORM TO THE PORT FACILITY SECURITY OFFICER OF THE PORT OF ARRIVAL  
PRIOR TO ENTRY INTO THE PORT FACILITY IN THE REPUBLIC OF CYPRUS<sup>1</sup>

### *Particulars of the ship and contact details*

IMO number		Name of Ship	
Port of registry		Flag State	
Type of ship		Call sign	
Gross tonnage		Inmarsat call numbers	
Name of company		CSO name	
Company identification number		CSO 24 hour contact details	
Port of Arrival		Port Facility of Arrival (if known)	

### *Port and port facility information*

Expected date and time of arrival in port (eta)	Purpose / duration of call

### *Information required by SOLAS regulation XI-2/9.2.1*

Does the ship have a valid International Ship Security Certificate (ISSC)?	YES	<input type="checkbox"/>	NO (give reasons)	Issued by	Expiry date (dd/mm/yyyy)	
Does the ship have a valid Interim International Ship Security Certificate (IISCC)?	YES	<input type="checkbox"/>				
Does the ship have an approved SSP on board?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
			Security Level at which the ship is currently operating?	LEVEL 1	LEVEL 2	LEVEL 3
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of ship at the time this report is made						

### *List the last ten calls at port facilities in chronological order (most recent call first):*

No.	Date from (dd/mm/yyyy)	Date to (dd/mm/yyyy)	Port	Country	UN LOCODE (if available)	Port facility	Security Level
1							SL = _
2							SL = _
3							SL = _
4							SL = _
5							SL = _
6							SL = _
7							SL = _
8							SL = _
9							SL = _
10							SL = _

<sup>1</sup> At least 24 hours in advance; or (b) at the latest, at the time the ship leaves the previous port, if the voyage time is less than 24 hours; or (c) if the port of call is not known or if it is changed during the voyage, as soon as the port of call becomes known (Chapter XI-2, Regulation 9, Control and Compliance Measures)

Failure to submit this information in time (as stated above), control and compliance measures will be taken such as inspection of the ship, delaying of the ship, detention of the ship, restriction of operations, including movement within the port including expulsion from the port.

## SHIP PRE ARRIVAL INFORMATION

Did the ship take any special or additional security measures, beyond those in the approved SSP?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
--	------------	--------------------------	-----------	--------------------------

If the answer is YES, indicate below the special or additional security measures taken by the ship	
No. (as above)	Special or additional security measures taken by the ship
1	
2	
3	
4	
5	
6	

*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. Expand table below or continue on separate page if necessary – insert total number of ship-to-ship activities:*

Have the ship security procedures specified in the approved SSP been maintained during each of these ship-to-ship activities?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
---	------------	--------------------------	-----------	--------------------------

If NO, provide details of the security measures applied in lieu in the final column below.

No.	Date from (dd/mm/yyyy)	Date to (dd/mm/yyyy)	Location or Longitude and Latitude	Ship-to-ship activity	Security measures applied in lieu
1					
2					
3					
4					
5					
6					

General description of the cargo aboard the ship

Is the ship carrying any dangerous substances as cargo covered by any of Classes 1, 2.1, 2.3, 3, 4.1, 5.1, 6.1, 6.2, 7 or 8 of the IMDG Code?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
---	------------	--------------------------	-----------	--------------------------

If YES, confirm Dangerous Goods Manifest (or relevant extract) is attached

Confirm a copy of ship's crew list is attached	<b>YES</b>	<input type="checkbox"/>	Confirm a copy of the ship's passenger list is attached	<b>YES</b>	<input type="checkbox"/>
--	------------	--------------------------	---	------------	--------------------------

### **Other security related information**

Is there any security-related matter you wish to report?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
--	------------	--------------------------	-----------	--------------------------

If YES Provide details:

*Agent of ship at intended port of arrival*

Name:	Contact details (Tel. no.):
-------	-----------------------------

*Identification of person providing the information*

Title or Position (tick as appropriate):	<input type="checkbox"/> MASTER	<input type="checkbox"/> SSO	<input type="checkbox"/> CSO	<input type="checkbox"/> Ship's agent (as above)
--	---------------------------------	------------------------------	------------------------------	--

Name:	Signature:
Date/Time/Place of completion of report	