

### PRIOR NOTIFICATION FORM FOR VESSELS OVER 300GT

The owner, agent or master of any vessel required to comply with The Merchant Shipping (Vessel Traffic Monitoring and Reporting Requirements) Regulations 2004 must complete this form, in addition to completion of the CERS documentation. The completed form must be received prior to arrival of the vessel by one of the following methods, otherwise port entry may be delayed:

E-mail: [portcontrol@stornowayport.com](mailto:portcontrol@stornowayport.com) and / or via: Shipping Agent

|    |   |                             |                              |                              |                              |
|----|---|-----------------------------|------------------------------|------------------------------|------------------------------|
| 1  | Vessel's Name   |                             |                              |                              |                              |
| 2  | Call Sign   |                             |                              |                              |                              |
| 3  | IMO / Fishing Number  |                             |                              |                              |                              |
| 4  | Flag State  |                             |                              |                              |                              |
| 5  | Gross Tonnage   |                             |                              |                              |                              |
| 6  | Port of Registry  |                             |                              |                              |                              |
| 7  | Phone Number (mobile / satellite)   |                             |                              |                              |                              |
| 8  | Email Address   |                             |                              |                              |                              |
| 9  | Master's Name   |                             |                              |                              |                              |
| 10 | Estimated Date & Time of Arrival (ETA) (Pilot Station)  |                             |                              |                              |                              |
| 11 | Estimated Date & Time of Departure (ETD)  |                             |                              |                              |                              |
| 12 | Last Port of Call   |                             |                              |                              |                              |
| 13 | Next Port of call   |                             |                              |                              |                              |
| 14 | Length Overall (m) (incl. overhangs)  |                             |                              |                              |                              |
| 15 | Breadth Overall (m) (incl. overhangs)   |                             |                              |                              |                              |
| 16 | Arrival Draughts (m) (maximum)  | Forward                     |                              | Aft                          |                              |
| 17 | Persons Onboard   | Passengers                  |                              | Crew                         |                              |
| 18 | Pilot Required  | NO <input type="checkbox"/> |                              | YES <input type="checkbox"/> |                              |
| 19 | Fresh Water Required  | NO <input type="checkbox"/> |                              | YES <input type="checkbox"/> |                              |
| 20 | Garbage Waste Skips Required  | NO <input type="checkbox"/> | YES <input type="checkbox"/> | Est Vol (M <sup>3</sup> ):   |                              |
| 21 | Oily Waste to be Landed (bulk / solid)  | NO <input type="checkbox"/> | YES <input type="checkbox"/> | Est Vol (M <sup>3</sup> ):   |                              |
| 22 | Gangway Required (4.5m / 9m / 13m)  | NO <input type="checkbox"/> | YES <input type="checkbox"/> | Size:                        |                              |
| 23 | Deficiencies  | NO <input type="checkbox"/> |                              | YES <input type="checkbox"/> |                              |
|    | Details:  |                             |                              |                              |                              |
| 24 | Cargo to be Loaded / Discharged   | NO <input type="checkbox"/> |                              | YES <input type="checkbox"/> |                              |
|    | Details:  |                             |                              |                              |                              |
| 25 | Dangerous Goods Onboard   | NO <input type="checkbox"/> |                              | YES <input type="checkbox"/> |                              |
| 26 | Appointed Agent (Details – Name, Address, Contact Information):   |                             |                              |                              |                              |
| 27 | Vessel Owner (Details – Name, Address, Contact Information):  |                             |                              |                              |                              |
| 28 | Port Call Invoicing (Details – Name, Address, Contact Information):   |                             |                              |                              |                              |
| 29 | Confirmation that the vessel has a passage plan including harbour transit to the berth, and that Master is familiar with Stornoway Harbour and procedures.  |                             |                              | NO <input type="checkbox"/>  | YES <input type="checkbox"/> |
| 30 | Confirmation that the vessel accepts the Health, Safety & Environmental Guidelines for all Facility Users issued by the Port Authority<br><a href="https://www.stornowayportauthority.com/about-us/documents-and-forms/">https://www.stornowayportauthority.com/about-us/documents-and-forms/</a> |                             |                              | NO <input type="checkbox"/>  | YES <input type="checkbox"/> |
|    | Details:  |                             |                              |                              |                              |
|    | Print Name:   | Signature:                  | Date:                        |                              |                              |