



MINISTRY OF WORKS AND TRANSPORT
MARITIME SERVICES DIVISION
NAVIGATIONAL AIDS DUES
 SHIPPING (NAVIGATIONAL AIDS DUES) REGULATIONS, 1989

Arrival Ref#.....

.....20.....

Trip No.....

Name of Vessel	Type of Vessel		Length (if fishing vessel)
Port of Registry	Gross Tonnage		Net Tonnage
Date of Arrival	Date of Departure	Last Port of Call	Next Port of Call

Agent's Name and Address:

AGENT'S STAMP

Signature:..... **Date:**.....

Remarks:

FOR OFFICIAL USE ONLY

Payment received \$ _____ **Receipt No.** _____

OFFICIAL STAMP

 DIRECTOR OF MARITIME SERVICES