



## LOCAL TRADE VESSEL DEPARTURE FORM

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**It is to be noted that this Departure Form is not a Port Clearance and that Port Clearance shall be obtained from Seychelles Port Authority prior to departure.**

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1.	Name Of Vessel:-----  Maximum Speed in Knots.....
2.	Call sign or (in the absence of call sign) official vessel number:----- -----
3.	Port of Registry:-----
4.	Type of vessel:-----
5.	Gross Tonnage of vessel (GRT):-----
6.	<b>Electronics Equipment's on Board in good working condition</b>  Radar : .....                      Satellite Phone No.....  VHF : .....                              EPIRB : 406 mHz .....  MF/HF : .....                              GPS.....
7.	Skipper/Master's Name:-----

8.	<p>C.O.C Number: ----- Limitation: -----</p> <p>Date of Expiry:-----</p>
9.	<p>Number of crew including master : ----- (Attach Crew list)</p> <p>Number of Company Staff: -----</p> <p>Number of Security Personnel : ..... (If applicable)</p>
10.	<p>Cargo on Board: (Please attach Stowage Plan or photo of cargo loaded)</p>
11.	<p>Maximum draught of vessel prior Departure</p> <p>Fwd: ----- Aft:-----</p>
12.	<p>(a) Any defects affecting the maneuverability or seaworthiness: Yes / No (If Yes please specify)</p> <p>----- ----- -----</p> <p>(b) Any special condition of the vessel: Yes / No (If Yes please specify)</p> <p>----- ----- -----</p>
13.	<p>List of Dangerous Goods being carried on board on this particular trip (insert "None" if applicable) Attach a cargo manifest/List</p>

14.	<p>(a) Name and contact details of agent or owner of vessel (insert "None" if no agent is appointed and indicate whether an agent is to be appointed or whether the Master/coxswain is to act as agent)</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>
15.	<p>Destination:-----</p>
16.	<p>Estimated time of arrival at Destination: (expressed as "YYYY/MM/DD/hh/mm")</p> <p>-----</p> <p>-----</p>

I .....being the person in charge declare that all particulars state in this Departure Form are True and correct.

**FOR OFFICIAL USE ONLY**

**Your request has been Approved**

**Official Stamp**

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Signature of SMSA Officer

Your request has not been approved for the following reason

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Signature of SMSA Officer

Official Stamp