

PRE- ARRIVAL NOTIFICATION FORM

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 (if available)	
Name of Company		IMO Company identification number	
CSO Name and 24 Hour Contact Details		Port of arrival	
Port facility of arrival (if known)		Date of ship's last visit to UK	

Port and port facility information

Expected date and time of arrival of the ship in port (ETA) (B/4.39.3 ISPS Code Estimated date and time of departure (ETD))	
Primary purpose of call	

Information required by SOLAS regulation XI-2/9.2.1

Does the ship have a valid International Ship Security Certificate (ISSC) or Interim International Ship Security Certificate (IISSC) (XI-2 / 9.2.1.1)	YES <input type="checkbox"/>	(I)ISSC Cert. Nos.	NO –why not? <input type="checkbox"/> Provide details in other security related information box	Issued by (name of Administration or RSO)	Expiry date (dd/mm/yyyy) / /
---	--	------------------------------	--	--	---

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? (XI-2/9.2.1.2)	Security Level 1 <input type="checkbox"/>	Security Level 2 <input type="checkbox"/>	Security Level 3 <input type="checkbox"/>
--	--	---------------------------------------	---	--	--	--

Location of ship at the time this report is made (B/4.39.2 ISPS Code)	
---	--

List the last ten calls at port facilities in chronological order (most recent call first): (XI-2 / 9.2.1.3)

No	Date from (dd/mm/yyyy)	Date to (dd/mm/yyyy)	Port	Country	UNLOCODE ¹	Port facility name	Security Level
1							SL=
2							SL=
3							SL=
4							SL=
5							SL=
6							SL=
7							SL=
8							SL=
9							SL=
10							SL=

Did the ship take any special or additional security measures, beyond those in the approved SSP? If the answer is YES, indicate below the special or additional security measures taken by the ship. (XI-2 / 9.2.1.4)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
--	--	---------------------------------------

No. (as above)	Special or additional security measures taken by the ship
1	

¹ Sometimes referred to as an IMO "Port Facility Number"
DfT PAN V2

2	
3	
4	
5	
6	
7	
8	
9	
10	

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:

Not Applicable

Have the ship security procedures specified in the approved SSP been maintained during each of these ship-to-ship activities? (XI-2 / 9.2.1.5) If NO, provide details of the security measures applied in lieu in the final column below.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Not Applicable <input type="checkbox"/>		

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					
7					
8					
9					
10					

General description of the cargo aboard the ship (XI-2 / 9.2.1.6 & B/4.39.5 ISPS Code)

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?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, confirm Dangerous Goods Manifest (IMO FAL Form 7) (or relevant extract) is attached <input type="checkbox"/>
---	--	---------------------------------------	--

Confirm a copy of ship's crew list is attached (IMO FAL Form 5) (XI-2 / 9.2.1.6 & B/4.39.4 ISPS Code)	YES <input type="checkbox"/>	Confirm a copy of the ship's passenger list is attached (XI-2 / 9.2.1.6 & B/4.39.6 ISPS Code)	YES <input type="checkbox"/>
---	--	---	--

Other security related information

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

Agent of ship at intended port of arrival

Name:	Contact Details:
-------	------------------

Identification of person providing the information

Title or Position (delete as appropriate): Master / SSO/ CSO / Ship's agent	Name:	Signature:
Date/Time/Place of completion of report		