

STAITHES HARBOUR

A Trust Port

FOR OFFICIAL USE ONLY

NUMBER OF NIGHTS _____

MOORING _____

TOTAL AMOUNT _____

RECEIPT NUMBER _____

REGISTRATION ARRIVAL FORM

TO BE COMPLETED BY THE MASTER OF ALL ARRIVING VESSELS:
(PLEASE USE BLOCK CAPITALS)

NAME OF VESSEL: _____
DATE & TIME OF ARRIVAL _____
PORT / COUNTRY OF REGISTRATION _____

MASTERS NAME: _____

OWNERS / MASTERS ADDRESS: _____

CONTACT TELEPHONE NO: _____

EMAIL ADDRESS: _____

I confirm third party insurance cover of at least £3 million is held and I undertake to pay the fee of £10 / night as per the current rate. Preferred payment is by BACS Bank HSBC UK, Sort Code 40-46-24, A/C No. 20784575. Use boat name for payment ref.

SIGNATURE: _____

CREW / PASSENGER DETAILS – FOR VESSELS ARRIVING FROM PORTS OUTSIDE OF THE UK

FULL NAME	D.O.B.	PLACE OF BIRTH	NATIONALITY	PASSPORT NUMBER	HOME ADDRESS	CREW(C) OR PASSENGER(P)

DETAILS OF VESSEL

TYPE	TONNAGE	COLOUR	REG/SAIL NO	LENGTH OVERALL (M)	LAST THREE PORTS VISITED	NEXT DESTINATION (IF KNOWN)

We will process your personal information in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. Staithe Harbour Board is committed to ensuring that your privacy is protected, you can be sure it will be held in a secure manner and will not be passed onto any third party unless there is a lawful purpose to do so.