



PILOTAGE AND MARINE SERVICE
MALDIVES PORTS LIMITED
 PHONE: 332 9339, 3008922
 FAX: 332 8624

PILOT BOOKING FORM

VESSEL PARTICULARS

NAME OF THE VESSEL:							
NAME OF THE LOCAL AGENT:							
GRT		NRT:		DWT:		MAX DRAFT:	
LOA:		BEAM:		ARRIVAL DISPLACEMENT:			

PILOT REQUEST:

DATE:		TIME:	
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ARRIVAL:

PBG TO:	<input type="checkbox"/> ANCHORAGE:	<input type="checkbox"/> MAGATHUFAALAN	<input type="checkbox"/> ELB	<input type="checkbox"/> WLB	<input type="checkbox"/> HULHUMALÈ JETTY
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DEPARTURE:

<input type="checkbox"/> ANCHORAGE:	<input type="checkbox"/> MAGATHUFAALAN	<input type="checkbox"/> ELB	<input type="checkbox"/> WLB	<input type="checkbox"/> HULHUMALÈ	TO: PBG
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SHIFTING:

ANCHORAGE TO:	<input type="checkbox"/> MAGATHUFAALAN	<input type="checkbox"/> ELB	<input type="checkbox"/> WLB	<input type="checkbox"/> HULHUMALÈ JETTY
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<input type="checkbox"/> MAGATHUFAALAN	<input type="checkbox"/> ELB	<input type="checkbox"/> WLB	<input type="checkbox"/> HULHUMALÈ JETTY	TO: ANCHORAGE
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FOR LOCAL VESSELS ONLY:

BERTHED:				UNBERTHED:			
DATE:		TIME:		DATE:		TIME:	

VESEL AT BERTH : _____ TO VACATE THE BERTH AT ANY TIME ON RECEIPT OF SHIFTING
 NOTICE WITHOUT ANY DEMAND.

NAME:		MOBILE:		SIGNATURE:	
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FOR MPL USE ONLY:

RECIEVED BY NAME:			
BOOKING FORM NO:		P T B NO:	
SERVICE PROVIDED DATE:	/ /		
FILE BY:		TIME:	SIGNATURE: